

BNV #8

Exit E Betteravia Rd and continue East for approximately 2.48 miles. E. Betteravia Rd becomes Foxen Canyon Rd. Continue forward on Foxen Canyon Rd. for approximately 4.72 miles. Foxen Canyon Rd. becomes Santa Maria Mesa Rd. Continue on Santa Maria Mesa Rd. for approximately 1.61 miles. Well site is approximately 28 feet to the left from center median on the roadway, facing North.





ORIGINAL
File Original, Duplicate and Triplicate with the
REGIONAL WATER POLLUTION
CONTROL BOARD No. 3
(Insert appropriate number)

WATER WELL DRILLERS REPORT

(Sections 7076, 7077, 7078, Water Code)

THE RESOURCES AGENCY OF CALIFORNIA

Do Not Fill In

No. 109326

State Well No. TN-R 32W 36

Other Well No.

(1) OWNER:

Name

Address

(2) LOCATION OF WELL:

County Santa Barbara Owner's number, if any—

R. F. D. or Street No. Approximately 1-6 miles east of

Garey Bridge on Santa Maria Mesa Road.

Approximately .3 of a mile south of Santa
Maria Mesa Road.

34.886665 -120.187297

(3) TYPE OF WORK (check):

New well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐

Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐

Cable ☐

Dug Well ☐

(6) CASING INSTALLED:

SINGLE ☐ DOUBLE ☐

From 0 ft. to 318 ft. 12" Dism. 1/4" or Wall

If gravel packed

Diameter of Bore from ft. to ft.

Type and size of shoe or well ring Steel

Describe joint Welded

Size of gravel:

(7) PERFORATIONS:

Type of perforator used Mills

Size of perforations 3" in., length, by 3/16" in.

From ft. to ft. Perf. per row Rows per ft.

160 170 6 8" 8"

218 252 6 8" 8"

282 294 6 8" 8"

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☐ Yes ☒ No To what depth ft.

Were any strata sealed against pollution? ☐ Yes ☒ No If yes, note depth of strata

From ft. to ft.

Method of Sealing

(9) WATER LEVELS:

Depth at which water was first found 152 ft.

Standing level before perforating 153 ft.

Standing level after perforating 153 ft.

(10) WELL TESTS:

Was a pump test made? ☒ Yes ☐ No If yes, by whom? M & W Pumps

Yield: 800 gal./min. with 107 ft. draw down after 16 hrs.

Temperature of water Was a chemical analysis made? ☐ Yes ☒ No

Was electric log made of well? ☐ Yes ☒ No

(11) WELL LOG:

Total depth 318 ft. Depth of completed well 312 ft.

Formation: Describe by color, character, size of material, and structure.

ft. to	ft.	
0	4	Adobe
4	6	Yellow Clay
6	38	Gravel, Boulders & Clay
38	93	Sandy Yellow Clay
93	100	Sandy, Some Clay
100	110	Sandy, Some Gravel
110	120	Yellow Clay, some Gravel
120	126	Soft Yellow Clay
126	133	Yellow Clay & Gravel
133	139	Soft Yellow Clay
139	148	Yellow Clay & Gravel
148	170	Gravel
170	210	Yellow Clay & Gravel, some
		Sand
210	218	Hard Yellow Sandy Clay &
		Gravel
218	252	Fine Muddy Sand & Gravel
252	274	Sandy Yellow Clay
274	282	Brown Clay
282	294	Sand & Gravel
294	304	Yellow Clay
304	308	Fine Sand
308	318	Hard Sandy Yellow Clay

CONFIDENTIAL - NOT
FOR PUBLIC RELEASE

Cement & Rock Plug at 312 feet

Work started Jan. 17, 1966. Completed Feb. 24, 1966

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME

Address

[SIGNED]

License No. 230155-057

Dated March 3, 1966

9W32W6P

CC144

QUADRUPLICATE
Use to comply with
local requirements

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in

No. **316888**

Notice of Intent No. _____
Local Permit No. or Date _____

State Well No. _____
Other Well No. _____

(1) OWNER: Name Ken Rice
Address 214 N. Lincoln
City Santa Maria, CA ZIP 93454
(2) LOCATION OF WELL (See instructions):
County Santa Barbara Owner's Well Number 3
Well address if different from above Santa Maria Mesa Rd.
Township _____ Range _____ Section _____
Distance from cities, roads, railroads, fences, etc. APN 129-110-003-05

(12) WELL LOG: Total depth 550 ft Completed depth 550 ft.
from ft. to ft. Formation (Describe by color, character, size or material)
0 - 90 rock and gravel
90 - 110 tan clay
110 - 115 sand
115 - 120 clay
120 - 200 sand and gravel
200 - 240 sand and clay
240 - 270 coarse sand and gravel
270 - 290 clay and gravel
290 - 428 coarse sand and gravel
428 - 437 hard clay
437 - 475 sandy clay
475 - 550 sand

34 52' 48.53"
120 17' 21.83"
WRONG APN on
WCR

SHOULD BE
129-110-003

6/13/17 CW

WELL LOG

(5) EQUIPMENT

Rotary ☒ Reverse ☐ Yes ☐ No ☒
Cable ☐ Air ☐ Diameter of bore 24"
Other ☐ Bucket ☐ Tacked from 20 to 550 ft.

(7) CASING INSTALLED

Steel ☒ Plastic ☐ Concrete ☐ Type of perforation or size of screen
From ft. To ft. Dia. in. Cage or Wall From ft. To ft. Slot size
0 550 14" 250 210 550 125

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 20 ft.
Were strata sealed against pollution? Yes ☐ No ☒ Interval _____ ft.
Method of sealing _____

(10) WATER LEVELS:

Depth of first water, if known 155 ft.
Standing level after well completion _____ ft.

(11) WELL TESTS:

Was well test made? Yes ☐ No ☐ If yes, by whom? _____
Type of test Pump ☐ Bailor ☐ Air lift ☐
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge _____ gal/ min after _____ hours Water temperature _____
Chemical analysis made? Yes ☐ No ☐ If yes, by whom? _____
Was electric log made Yes ☐ No ☐ If yes, attach copy to this report

Work started 4/19 19 90 Completed 4/25 19 90

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Signed _____ (Well Driller)
NAME Ron Taylor Drilling
(Person, firm, or corporation) (Typed or printed)
Address 2801 Mahoney Rds.
City Santa Maria, CA ZIP 93455
License No. C-57-523-858 Date of this report 4/25/90

QUADRUPLICATE
Use to comply with
local requirements

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in

No. **316888**

Notice of Intent No. _____

State Well No. _____

Local Permit No. or Date _____

Other Well No. _____

(1) OWNER: Name Ken Rice
Address 214 N. Lincoln
City Santa Maria, CA ZIP 93454

(2) LOCATION OF WELL (See instructions):
County Santa Barbara Owner's Well Number 3
Well address if different from above Santa Maria Mesa Rd.
Township _____ Range _____ Section _____
Distance from cities roads, railroads fences, etc. AMN 127-003-05

(12) WELL LOG: Total depth 550 ft Completed depth 550 ft
from ft. to ft. Formation (Describe by color, character, size or material)
0 - 90 rock and gravel
90 - 110 tan clay
110 - 115 sAnd
115 - 120 clay
120 - 200 sand and gravel
200 - 240 sand and clay
240 - 270 coarse sand and gravel
270 - 290 clay and gravel
290 - 428 coarse sand and gravel
428 - 437 hard clay
437 - 475 sandy clay
475 - 550 sand

(3) TYPE OF WORK:
New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐
Destruction ☐ (Describe
destruction materials and pro-
cedures in Item 12)

(4) PROPOSED USE:
Domestic ☐
Irrigation ☒
Industrial ☐
Test Well ☐
Municipal ☐
Other ☐ (Describe)

WELL LOCATION SKETCH

(5) EQUIPMENT
Rotary ☒ Reverse ☐
Cable ☐ Air ☐
Other ☐ Bucket ☐

(6) GRAVEL PACK
Yes ☒ No ☐ Size 1/4" to 3/8"
Diameter of bore 24"
Packed from 20 to 550 ft.

(7) CASING INSTALLED:
Steel ☒ Plastic ☐ Concrete ☐

(8) PERFORATIONS:
Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Gage or Wall	From ft.	To ft.	Slot size
0	550	14"	250	210	550	125

(9) WELL SEAL:
Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 20 ft.
Were strata sealed against pollution? Yes ☐ No ☒ Interval _____ ft.
Method of sealing _____

(10) WATER LEVELS:
Depth of first water, if known 155 ft.
Standing level after well completion _____ ft.

(11) WELL TESTS:
Was well test made? Yes ☐ No ☐ If yes, by whom? _____
Type of test Pump ☐ Bailer ☐ Air lift ☐
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge _____ gal/ min after _____ hours Water temperature _____
Chemical analysis made? Yes ☐ No ☐ If yes, by whom? _____
Was electric log made Yes ☐ No ☐ If yes, attach copy to this report

Work started 4/19 19 90 Completed 4/25 19 90

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Signed _____ (Well Driller)
NAME Ron Taylor Drilling
Address 2801 Mahoney Rd.
City Santa Maria, Ca ZIP 93455
License No. C-57-523-858 Date of this report 4/25/90



LAWRENCE HART, M.D., F.A.C.P.M.
DIRECTOR AND HEALTH OFFICER

May 14, 1990

COUNTY OF SANTA BARBARA • HEALTH CARE SERVICES

315 CAMINO DEL REMEDIO • SANTA BARBARA, CALIFORNIA 93110 • (805) 681-5200

W. Kenneth Rice
215 North Lincoln Street
Santa Maria, CA 93454

Subject: Well Completion Report

Water Well Permit Number: 8666

Address: Santa Maria Mesa Road

A.P.#: 129-110-003

This Department has reviewed the construction of the water well located on the subject property and has determined said work to have been performed in compliance with the requirements of the Well Drilling Ordinance, Chapter 34-A of the Santa Barbara County Ordinance, and the well construction is complete.

Please be advised that if you intend to use this well to supply domestic water, it will be necessary for you to meet the requirements of Chapter 34-B of the Code, including, but not limited to: pump testing, chemical analysis and water system design approval prior to construction. A copy of the water system ordinance is enclosed for your review.

Application forms and information for water system permits are available from Environmental Health Services Division. The Building Official will require that you obtain a permit for the water system prior to issuance of building permits.

If you have any questions concerning this matter, please contact the undersigned.

Sincerely,

Lawrence Hart, M.D.
Director and Health Officer

Environmental Health Officer

CC: Assessor's Office

03/89

☐ 500 West Foster Rd.
Santa Maria, CA 93455
(805) 934-6223

BRANCH OFFICES

☐ 751-B East Burton Mesa
Lompoc, CA 93436
(805) 737-7744

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date 4 / 17 / 90

Site Investigation By David Brummond Date 4 / 17 / 90

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input checked="" type="checkbox"/> Leach Field <u>100 FT</u> | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input type="checkbox"/> Other |

Site meets all setback requirements. Ownership confirmed through assessor's office

Application Reviewed and Approved: By David Brummond Date 4 / 17 / 90

Work Investigation Record

Date / /

Well Site #:

Casing Information

Borehole

Type: Steel ☐ PVC ☐ Other ☐ Total Depth of Well:

Class/Gage/NSF: Annular Seal Depth:

ASTM#: Well Bore Diameter:

Diameter: Total Depth: Sealing Material:

Casing Schedule

Amount:

0'	-		'	=	
	-			=	
	-			=	
	-			=	
	-			=	
	-			=	
	-			=	

Method of Pour:

Use of Tremie:

Driller(s):

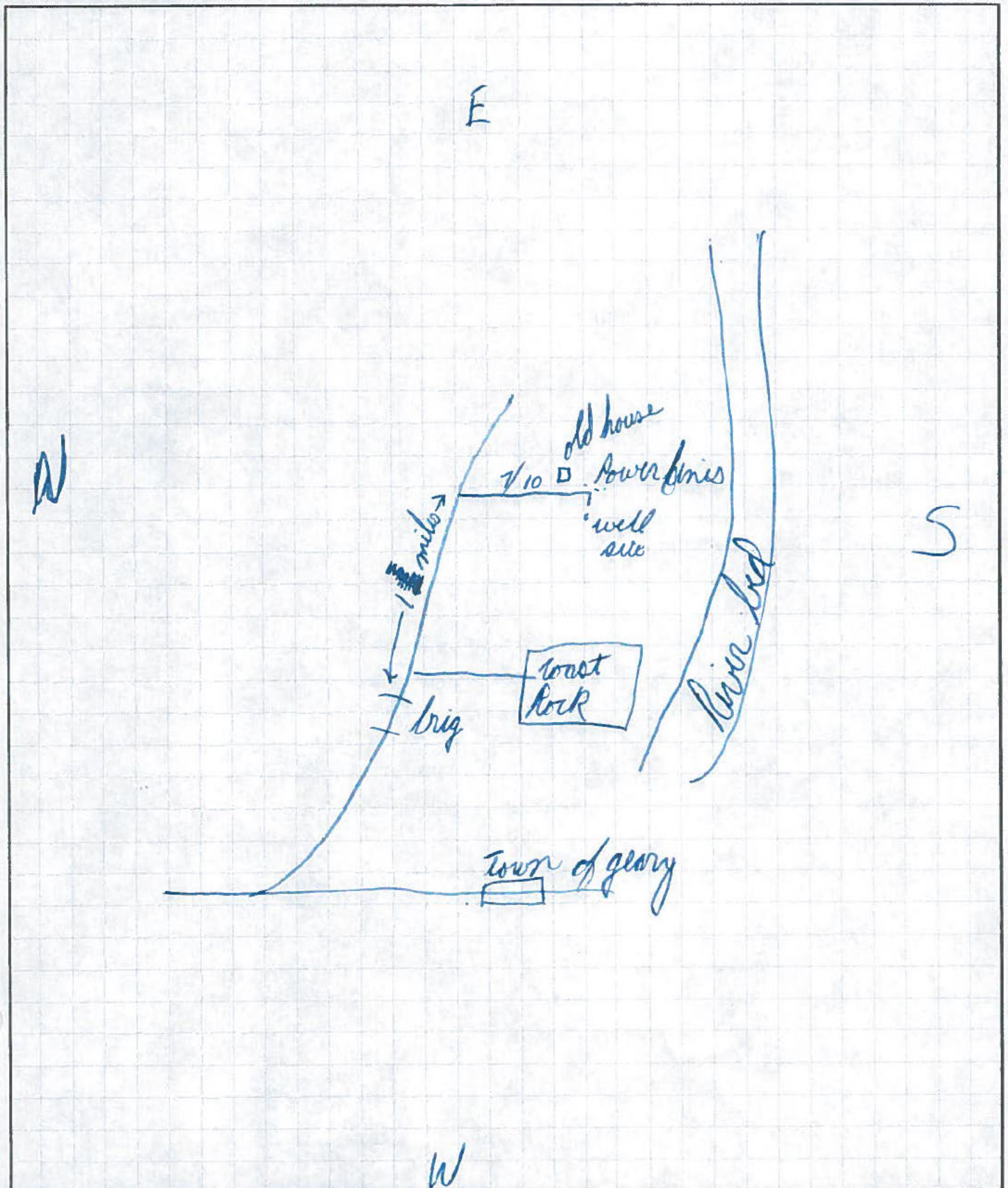
Comments: 4/25 Contractor called giving dept of hrs notice for well seal when it was explained that 24 hrs notice was

Final Inspection and Approval/Denial: By David Brummond Date 5 / 4 / 90

Notice of Work Acceptance/Rejection Sent to Well owner On 5 / 14 / 90

Plot Plan ($\frac{1}{4}" = 20'$)

Indicate below the exact location of the proposed well with respect to the following items: Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation. Include dimensions.



9N 32W 7

9N32W07G

CCHS

QUADRUPLICATE
Use to comply with
local requirements

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in

No. **351533**

Notice of Intent No. _____
Local Permit No. or Date Santa Barbara County Permit #8594

State Well No. _____
Other Well No. _____

(1) OWNER: Name (b) (6)
Address _____
City _____

(12) WELL LOG: Total depth 758 ft Completed depth 530 ft
from ft to ft Formation (Describe by color, character, size or material)

(2) LOCATION OF WELL (See instructions):
County Santa Barbara Owner's Well Number Elliot #3
Well address if different from above APN 129-110-08
Township 9N Range 32W Section 7
Distance from cities, roads, railroads, fences, etc. Off Santa Maria Mesa Road

(SEE ATTACHED LOG)

34 S2 31.33,
120 16 SS. 97

(SEE ATTACHED MAP)

(3) TYPE OF WORK:
New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐

Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:
Domestic ☒
Irrigation ☒
Industrial ☐
Test Well ☐
Municipal ☐
Other ☐ (Describe)

WELL LOCATION SKETCH

(5) EQUIPMENT:
Rotary ☒ Reverse ☐
Cable ☐ Air ☐
Other ☐ Bucket ☐

(6) GRAVEL PACK 5' success
Yes ☒ No ☐ Size 1/4" x 3/8"
Diameter of bore 26"
Packed from 0 to 530 ft

(7) CASING INSTALLED:
Steel ☒ Plastic ☐ Concrete ☐

(8) PERFORATIONS .100" x 2.5"
Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Gage or Wall	From ft.	To ft.	Slot size
0	530	16	.312	200	520	.100"x2.5"

32 Rows-Vertical Perforations

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 20 ft
Were strata sealed against pollution? Yes ☐ No ☒ Interval _____ ft
Method of sealing 30" Conductor Cemented in 36" Borehole

(10) WATER LEVELS:

Depth of first water, if known _____ ft.
Standing level after well completion _____ ft.

(11) WELL TESTS:

Was well test made? Yes ☐ No ☐ If yes, by whom? _____
Type of test Pump ☐ Bailor ☐ Air lift ☐
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge _____ gal/min after _____ hours Water temperature _____
Chemical analysis made? Yes ☐ No ☒ If yes, by whom? _____
Was electric log made? Yes ☒ No ☐ If yes, attach copy to this report

Work started 11-26 19 90 Completed 12-10 19 90

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Signed Ch. Wells (Well Driller)

NAME For FLOYD V WELLS INC
(Person, firm, or corporation) (Typed or printed)

Address P.O. Box 1007

City Santa Maria, CA ZIP 93456

License No. C57-229570 Date of this report 12-21-90



**FLOYD V.
WELLS, INC.**

DEPEND ON WELLS FOR WATER

WATER WELL DRILLING LOG

PUMP SALES & SERVICE
WATER WELL DRILLING CONTRACTOR
1337 W. BETTERAVIA RD.
SANTA MARIA, CA 93455
805/925-8626 FAX 805/928-7826
CA LIC #C57-229570

Owner: [REDACTED] Company: [REDACTED]
Well No.: Elliott Ranch #3 Rig: #5
Location of Well: Santa Maria Mesa Road, Across From Bien Nacido Vineyards
APN 129-110-07
T-9N, R-34W, Section 7
Santa Barbara County Well Drilling Permit #8594
Surface Pipe or Seal: Cemented In 36" Borehole Size: 30" OD Depth: 21' Gauge: .250 Wall
Well Bore Diameter: 28" Depth of Casing Set: 530'
Casing Size: 16" OD Gauge: .312 Wall Type: Steel
Perforations: Size: .100"x2½" Type: Vertical Perforations Number: 32 Rows
Perforation Location from Ground Level: 200' From: 0 To: 200' Blank
200' 520' Perf's
520' 530' Blank With
Bullnose

Gravel Pack: Type: Sisquoc Size: 1/4"x1/8" Quantity: 85 Tons
Bits: No. Used: 6 Size: 9-7/8", 12¼", 17½", 23", 28", 36"
Drilling Method: Air: Foam: Mud: XX
Material Used: Gel.: 400-50# QuikGel ~~20-50# Shurgel~~
~~4-50# Drispac~~ Foam:
Well Started: November 26, 1990 Well Completed: December 10, 1990 Driller: Dwayne Quackenbush

TEST PUMPING INFORMATION:

Production Test:

Standing Water Level:

Pumping Level:

G.P.M.:

Pumping Level

REMARKS:



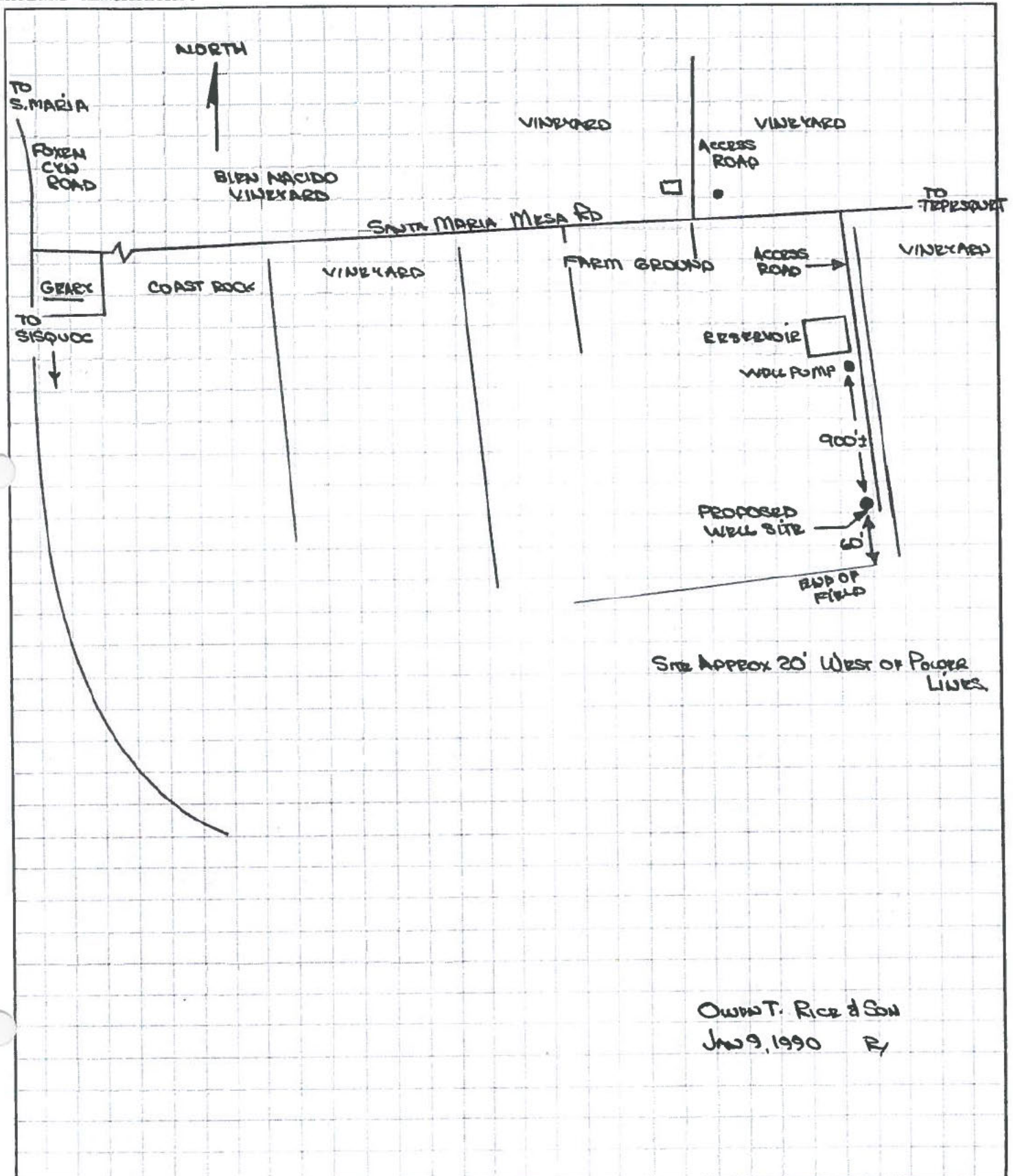
FORMATION LOG

PUMP SALES & SERVICE
WATER WELL DRILLING CONTRACTOR
1337 W. BETTERAVIA RD.
SANTA MARIA, CA 93455
805/925-8626 FAX 805/928-7826
CA LIC #C57-229570

[illegible]

~~Plot Plan (1/4" = 20')~~

Indicate below the exact location of the proposed well with respect to the following items: Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation. Include dimensions.



Owain T. Rice & Son
Jan 9, 1990 R

9N32007P

CC 148

QUADRUPLICATE
Use to comply with
local requirements

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in

No. **316868**

Notice of Intent No. _____
Local Permit No. or Date #8846

State Well No. _____
Other Well No. _____

(1) OWNER:

Address _____

City _____

(b) (6)

(2) LOCATION OF WELL (See instructions):

County Santa Barbara Owner's Well Number 2

Well address if different from above _____

Township _____ Range _____ Section _____

Distance from cities, roads, railroads, fences, etc _____

APN 129-110-19

(12) WELL LOG: Total depth _____ ft Completed depth _____ ft
from ft to ft Formation (Describe by color, character, size or material)

0 - 80 sand and gravel
80 - 190 sand and gravel with clay str
190 - 205 brown clay
205 - 505 clay streaks, gravel, sand

(3) TYPE OF WORK

New Well ☒ Deepening ☐Reconstruction ☐Reconditioning ☐Horizontal Well ☐Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:

Domestic ☐Irrigation ☒Industrial ☐Test Well ☐Municipal ☐Other ☐

(Describe)

WELL LOCATION SKETCH

(5) EQUIPMENT

Rotary ☒Reverse ☐Cable ☐Air ☐Other ☐Bucket ☐

(6) GRAVEL PACK

Yes ☒ No ☐Size 25028Diameter of bore 24Packed from 20to 505 ft

(7) CASING INSTALLED:

Steel ☒Plastic ☐Concrete ☐

(8) PERFORATIONS:

Type of perforation or size of screen

From ft	To ft	Dia in	Gage or Wall	From ft	To ft	Slot size
0	505	16	.312	205	505	.125

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 20 ftWere strata sealed against pollution? Yes ☐ No ☐ Interval _____ ft

Method of sealing _____

(10) WATER LEVELS:

Depth of first water, if known _____ ft

Standing level after well completion 95 ft

(11) WELL TESTS:

Was well test made? Yes ☐ No ☒ If yes, by whom? _____

Type of test

Pump ☐Bailer ☐Air lift ☐

Depth to water at start of test _____ ft

At end of test _____ ft

Discharge _____ gal/min after _____ hours

Water temperature _____

Chemical analysis made? Yes ☐ No ☐ If yes, by whom? _____Was electric log made? Yes ☐ No ☐ If yes, attach copy to this reportWork started 2/99 91 Completed 2/10 91

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Signed _____

(Well Driller)

NAME Ron Taylor DrillingAddress 3800 Santa Barbara, CA

93455

City C57 523 858ZIP 3/3/91

License No. _____ Date of this report _____

Permit No. 8846
Page 3 of 3 pages

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date 216 191

Site Investigation By H. Ruiz Date 218 191

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input type="checkbox"/> Other |

No visible signs of contamination to well site - APN checked
OK w/ asbestos office - No lead use concerns as per R. M.

Application Reviewed and Approved: By 2H. Ruiz Date 218 191

Work Investigation Record

Date 2128 191

Well Site #: _____

Casing Information

Type: Steel ☒ PVC ☐ Other ☐

Borehole

Total Depth of Well: 505

Class/Gage/NSF: _____

Annular Seal Depth: 20 ft ^{measured} _{OR}

ASTM#: _____

Well Bore Diameter: 24

Diameter: 16 Total Depth: 505

Sealing Material: Concrete

Casing Schedule

<u>205'</u>	-	<u>205'</u>	=	<u>Blank</u>
<u>205'</u>	-	<u>505'</u>	=	<u>Perf</u>
_____	-	_____	=	_____
_____	-	_____	=	_____
_____	-	_____	=	_____
_____	-	_____	=	_____
_____	-	_____	=	_____

Amount: _____

Method of Pour: Gravel

Use of Tremie: no

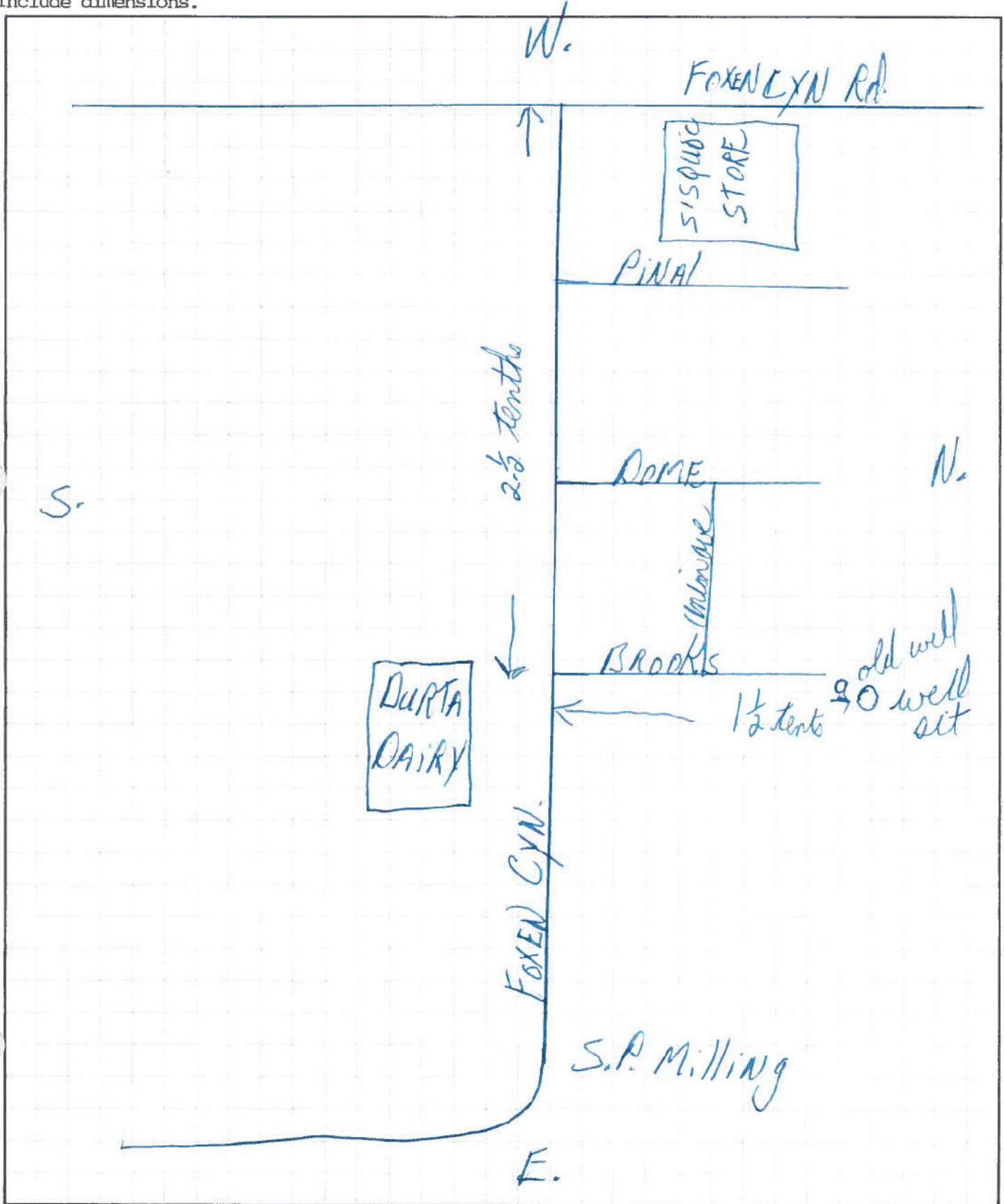
Driller(s): Ron Taylor

Comments: _____

Final Inspection and Approval/Denial: By H. Ruiz Date 2128 191

Notice of Work Acceptance/Rejection Sent to Well owner On 1 1

Indicate below the exact location of the proposed well with respect to the following items:
Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation.
Include dimensions.



9N 32W 8

WELL "A" CC306
CONDUCTOR
HOLE

Do Not Fill In

No 67287

State Well No. _____
Other Well No. 3

ORIGINAL
File with DWR

MAR 31 1972
OCT 31 1974

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

9N 32W - 81

(1) OWNER: 34.868406 -170.269678

(11) WELL LOG:

Name _____
Address _____

Total depth _____ ft. Depth of completed well _____ ft.
Formation: Describe by color, character, size of material, and structure
_____ ft. to _____ ft.

(2) LOCATION OF WELL:
County Santa Barbara Owner's number, if any _____
Township, Range, and Section 1/2 mile west of Sec 8 T9N
Distance from cities, roads, railroads, etc. R32W 2200 feet so of
Santa Maria Mesa Road.

Top Soil 0 ft to 3 ft
Boulders to 20'
Coarse Sand & Rock 3 ft to 51 ft
Fine Sand 51 ft to 55 ft

(3) TYPE OF WORK (check):
New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐
If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☐ Rotary ☒
Irrigation ☒ Test Well ☐ Other ☐ Cable ☐
Other ☐

CONFIDENTIAL
Water Code Sec. 13753

(6) CASING INSTALLED:
STEEL: _____ OTHER: _____
SINGLE ☐ DOUBLE ☐
If gravel packed
Diameter of Bore _____
From ft. _____ To ft. _____
Gage or Wall _____
Diam. _____
From ft. _____ To ft. _____
Size of shoe or well rings: _____ Size of gravel: _____

Hole Size 36" plus
Conductor 30"
Cement: 23 yards
Conductor set at 55 feet

(7) PERFORATIONS OR SCREEN:
Type of perforation or name of screen _____
From ft. _____ To ft. _____ Perf. per row _____ Rows per ft. _____ Size in. x in. _____

CONFIDENTIAL - NOT
FOR PUBLIC RELEASE

(8) CONSTRUCTION:
Was a surface sanitary seal provided? Yes ☒ No ☐ To what depth 55 ft.
Were any strata sealed against pollution? Yes ☐ No ☐ If yes, note depth of strata _____
From ft. to ft. _____
From ft. to ft. _____
Method of sealing _____

Work started 3/12 1971 Completed 3/12/1971

(9) WATER LEVELS:
Depth at which water was first found, if known _____ ft.
Standing level before perforating, if known _____ ft.
Standing level after perforating and developing _____ ft.

WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

(10) WELL TESTS:
Was pump test made? Yes ☐ No ☐ If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐
Was electric log made of well? Yes ☐ No ☐ If yes, attach copy _____

NAME _____
Address _____
[SIGNED] _____
(Well Driller)

License No. 195563 Dated March 22, 1971

SKETCH LOCATION OF WELL ON REVERSE SIDE

WELL LOCATION SKETCH

NORTH BOUNDARY OF SECTION

NW ¼	NE ¼	½ MILE
SW ¼	SE ¼	½ MILE
½ MILE	½ MILE	

CONFIDENTIAL
 Water Code Sec. 13725

Township _____ N/S

Range _____ E/W

Section No. _____

- A. Location of well in sectionized areas.
 Sketch roads, railroads, streams, or other features as necessary.

NORTH

SOUTH

WEST

EAST

CONFIDENTIAL
 Water Code Sec. 13725

- B. Location of well in areas not sectionized.
 Sketch roads, railroads, streams, or other features as necessary.
 Indicate distances.

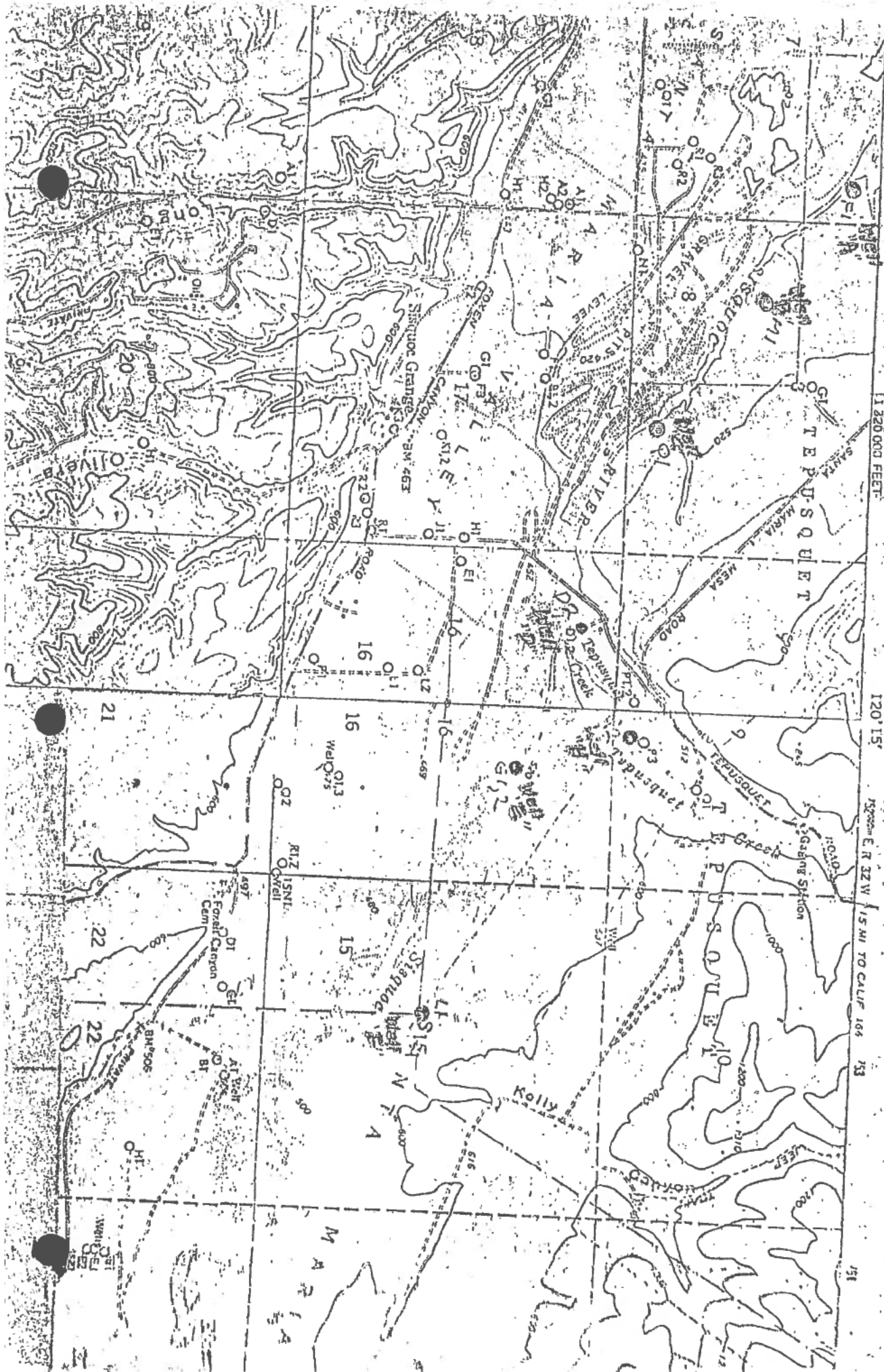
JAN 19 8 51 AM '72
 DEPT. OF WATER RESOURCES
 SO. DIST. MAIL ROOM

RECEIVED
 JAN 10 1972
 SAN JOAQUIN DISTRICT

SISUOC QUADRANGLE
CALIFORNIA--SANTA BARBARA CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)
SEC 4 SANTA MARIA 15 QUADRANGLE.

SE/4 SANTA MARIA 15-QUADRANGLE

STEPUSQUET PEAKS
1.62-500



ORIGINAL
File with DWR

CONFIDENTIAL - NOT
FOR PUBLIC RELEASE

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

9N, 32W-3M

WELL "B" CC505

Do Not Fill In

No 67282

State Well No. _____

Other Well No. 1

(1) OWNER: 34,870332 - 120,27824

Name _____
Address _____

(11) WELL LOG:

Total depth 650 ft. Depth of completed well 570 ft.

Formation: Describe by color, character, size of material, and structure

ft. to ft.

(2) LOCATION OF WELL:

County Santa Barbara Owner's number, if any

Township, Range, and Section SW 1/4 Section 8 T9N R32W

Distance from cities, roads, railroads, etc.

(3) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐

If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐

Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☒

Cable ☐

Other ☐

(6) CASING INSTALLED:

STEEL: OTHER:

SINGLE ☒ DOUBLE ☐

If gravel packed

From ft.	To ft.	Diam. in.	Gage or Wall	Diameter of Bore	From ft.	To ft.
0	570	14"	1/4	24	0	650

Size of shoe or well ring: Bull Nose Size of gravel: 5/16/4

Describe joint 30' Joints with Collars

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen

Louver

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.
240	570			

CONFIDENTIAL

Water Code Sec. 13752

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☒ No ☐ To what depth 60 ft.

Were any strata sealed against pollution? Yes ☒ No ☐ If yes, note depth of strata

From ft. to ft.

From ft. to ft.

Method of sealing

(9) WATER LEVELS:

Depth at which water was first found, if known ft.

Standing level before perforating, if known ft.

Standing level after perforating and developing ft.

(10) WELL TESTS:

Was pump test made? Yes ☐ No ☐ If yes, by whom?

Well: gal./min. with ft. drawdown after hrs.

Temperature of water Was a chemical analysis made? Yes ☐ No ☐

Was electric log made of well? Yes ☐ No ☐ If yes, attach copy

Work started 3/2/1971 Completed 3/11/1971

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME

Address

[SIGNED]

(Well Driller)

License No. 195563 Dated March 22, 1971

SKETCH LOCATION OF WELL ON REVERSE SIDE

WELL LOCATION SKETCH

NORTH BOUNDARY OF SECTION

NW ¼	NE ¼	½ MILE
SW ¼	SE ¼	½ MILE
½ MILE	½ MILE	

Township _____ N/S
 Range _____ E/W
 Section No. _____

- A. Location of well in sectionized areas.
 Sketch roads, railroads, streams, or other features as necessary.

NORTH	
WEST	EAST
SOUTH	

- B. Location of well in areas not sectionized.
 Sketch roads, railroads, streams, or other features as necessary.
 Indicate distances.

CONFIDENTIAL
 Water Code Sec. 13323

RECEIVED
 JAN 10 1972
 SAN JOAQUIN DISTRICT

DEPT. OF WATER RESOURCES
 SO. DIST. MAIL ROOM
 JAN 11 1972

OCT 31 1971

67282

STATE OF CALIFORNIA

Page 2

Do Not Fill In

THE RESOURCES AGENCY

No. ~~67282~~ORIGINAL
File with DWRDEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORTState Well No. _____
Other Well No. 1

(1) OWNER:

Name _____
Address _____

(11) WELL LOG:

Total depth _____ ft. Depth of completed well _____ ft.

Formation: Describe by color, character, size of material, and structure

ft. to _____ ft.

(2) LOCATION OF WELL:

County _____ Owner's number, if any _____

Township, Range, and Section _____

Distance from cities, roads, railroads, etc. _____

(3) TYPE OF WORK (check):

New Well ☐ Deepening ☐ Reconditioning ☐ Destroying ☐

If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☐
Other ☐

(6) CASING INSTALLED:

STEEL: _____ OTHER: _____

SINGLE ☐ DOUBLE ☐

If gravel packed

From ft.	To ft.	Diam. in.	Gage or Wall	Diameter of Bore	From ft.	To ft.

Size of shoe or well ring: _____

Size of gravel: _____

Describe joint _____

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen _____

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☐ No ☐ To what depth _____ ft.Were any strata sealed against pollution? Yes ☐ No ☐ If yes, note depth of strata _____

From _____ ft. to _____ ft.

From _____ ft. to _____ ft.

Method of sealing _____

(9) WATER LEVELS:

Depth at which water was first found, if known _____ ft.

Standing level before perforating, if known _____ ft.

Standing level after perforating and developing _____ ft.

(10) WELL TESTS:

Was pump test made? Yes ☐ No ☐ If yes, by whom? _____

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒Was electric log made of well? Yes ☐ No ☐ If yes, attach copy _____

Extras:

36" Hole Size

30" OD 1/4 Wall

30 Yards cement

Set 60 ft. of Conductor

Lots of Boulders

Boulder fell in on Bit @ 342' took

60,000 lbs to pull back

CONFIDENTIAL - NOT
FOR PUBLIC RELEASEWork started 2:25 19 71 Completed 12 19 71

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME _____

Address _____

[Signature]

(Well Driller)

License No. 195563 Dated March 22, 19 71

SKETCH LOCATION OF WELL ON REVERSE SIDE

WELL LOCATION SKETCH

NORTH BOUNDARY OF SECTION

NW ¼	NE ¼	½ MILE
SW ¼	SE ¼	½ MILE
½ MILE	½ MILE	

Township _____ N/S

Range _____ E/W

Section No. _____

A. Location of well in sectionized areas.
Sketch roads, railroads, streams, or other features as necessary.

CONFIDENTIAL
Water Code Sec. 13723

NORTH

WEST

EAST

SOUTH

NOT FOR PUBLIC RELEASE
CONFIDENTIAL - NOT

B. Location of well in areas not sectionized.
Sketch roads, railroads, streams, or other features as necessary.
Indicate distances.

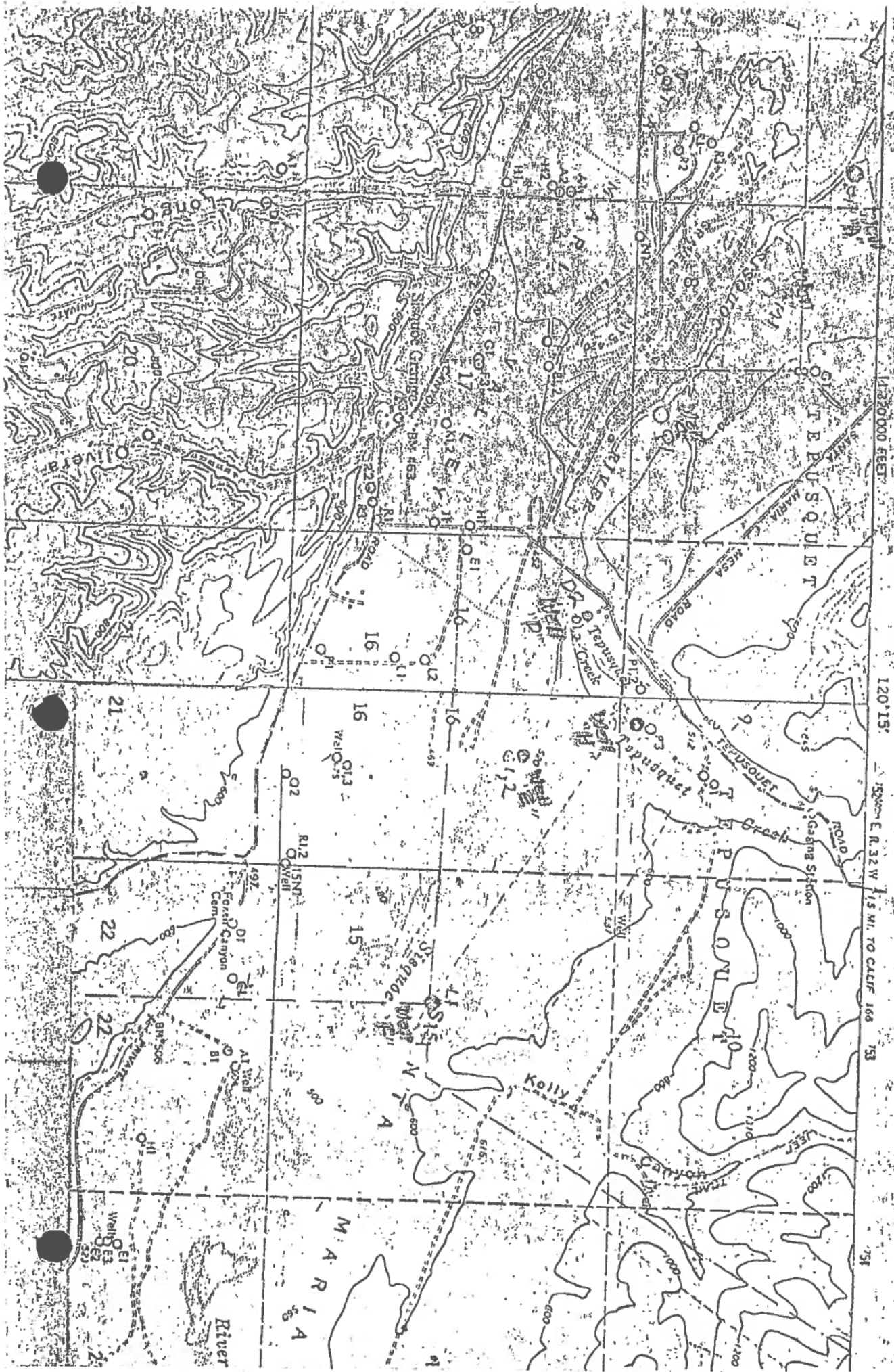
RECEIVED
 JAN 19 8 50 AM '72
 DEPT. OF WATER RESOURCES
 SO. DIST. MAIL ROOM

RECEIVED
 JAN 10 1972
 SAN JOAQUIN DISTRICT

67282

SISQUC QUADRANGLE
CALIFORNIA—SANTA BARBARA CO.
17.5 MINUTE SERIES (TOPOGRAPHIC)
1:25,000 SCALE SANTA MARIE IS QUADRANGLE

TEPUSQUET PEARL
t: 62 500



9N 32W 9

QUADRUPLICATE
For Local Requirements

Page 1 of 1

Owner's Well No. 5

Date Work Began 10-13-2000, Ended 10-25 2000

Local Permit Agency Santa Barbara Co Health Dep

Permit No. 0101914

Permit Date 10-16-2000

STATE OF CALIFORNIA
WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. **741647**

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO/STATION NO

LATITUDE LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

ORIENTATION (°) ☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE (SPECIFY)

DRILLING METHOD Reverse FLUID Water

DEPTH FROM SURFACE

Ft. to Ft.

DESCRIPTION

Describe material, grain size, color, etc.

0	20	Top Soil
20	30	Fine Sand
30	35	1" Gravel
35	50	Brown Clay
50	65	1" Gravel
65	75	Brown Clay
75	110	10" Rocks & Gravel
110	120	Brown Clay
120	165	10" Rocks & Gravel
165	185	Brown Clay
185	253	8" Rocks
253	266	Brown Clay
266	288	1"-1 1/2" Gravel
288	303	8"-12" Rocks
303	410	1" Gravel

TOTAL DEPTH OF BORING 410 (Feet)

TOTAL DEPTH OF COMPLETED WELL 400 (Feet)

WELL OWNER

Name Cambria Vineyards

Mailing Address 5475 Chardonnay Ln

Santa Maria Ca 93455

CITY STATE ZIP

WELL LOCATION

Address 5475 Chardonnay Ln

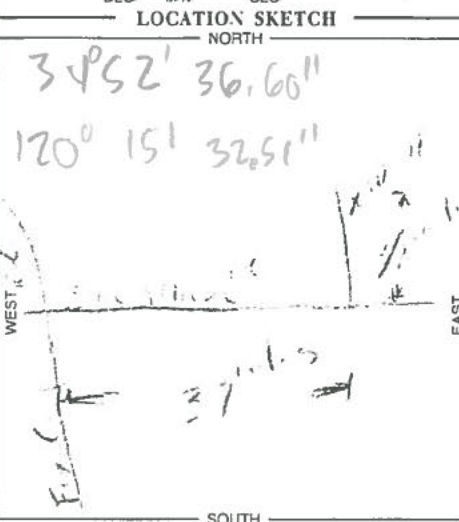
City Santa Maria

County Santa Barbara

APN Book 129 Page 220 Parcel 45

Township Range Section

Latitude DEG MIN SEC NORTH Longitude DEG MIN SEC WEST



ACTIVITY (≤)

☒ NEW WELL

MODIFICATION/REPAIR

Deepen

Other (Specify)

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

PLANNED USES (≤)

WATER SUPPLY

☒ Domestic ☐ Public

Irrigation Industrial

MONITORING

TEST WELL

CATHODIC PROTECTION

HEAT EXCHANGE

DIRECT PUSH

INJECTION

VAPOR EXTRACTION

SPARGING

REMEDIATION

OTHER (SPECIFY)

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER 200 (Ft.) BELOW SURFACE

DEPTH OF STAT 250 (Ft.) & DATE MEASURED 10-25-2000

WATER LEVEL 100 (Ft.)

ESTIMATED YIELD 8 (GPM) & TEST TYPE Pumped

TEST LENGTH 3 (Hrs) TOTAL DRAWDOWN 20 (Ft.)

* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE			BORE-HOLE DIA (Inches)	CASING (S)							DEPTH FROM SURFACE			ANNULAR MATERIAL			
				TYPE (≤)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS				SLOT SIZE IF ANY (Inches)	TYPE		
Ft	to	Ft.	BLANK	SCREEN	CON- DUCTOR	FLL PIPE										CE- MENT (≤)	BEN- TONITE (≤)
0	280		20	*				Steel	9	1/4"		0	50	*		55ac	
280	400		20	*				Steel	9	1/4"	0.50						

ATTACHMENTS (≤)

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analyses
- Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Robert Haylock / Coast Drilling

(PERSON, FIRM OR CORPORATION) (TYPED OR PRINTED)

120 Huntington Pl

Lompoc Ca 93436

ADDRESS

CITY

STATE

ZIP

Signed

WELL DRILLER/AUTHORIZED REPRESENTATIVE

DATE SIGNED

760755 C-57 LICENSE NUMBER

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date 10/16/00

Site Investigation By Kathy Cardillo Date 10/16/00

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input type="checkbox"/> Other |

Site Check - OK

AP# -

Application Reviewed and Approved: By _____ Date 1/1

Work Investigation Record

Date 10/25/00

Well Site #: _____

Casing Information

Borehole

Type: Steel ☒ PVC ☐ Other ☐

Total Depth of Well: 400'

Class/Gage/NSF: _____

Annular Seal Depth: 50'

ASTM#: _____

Well Bore Diameter: 18"

Diameter: 9" Total Depth: 400'

Sealing Material: 6 sack cement

Casing Schedule

Amount: _____

0' - 280	=	Blank
280 - 400	=	10' 11"
_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____

Method of Pour: Gravity / Dry

Use of Tremie: N.O.

Driller(s): Coastwell

Comments: Well Destruction; excavated down to 6' with a 30' seal.

Final Inspection and Approval/Denial: By _____ Date 1/1

Notice of Work Acceptance/Rejection Sent to Well owner On 1/1

CC150

Permit Date 5/12/2008

Refer to Instruction Pamphlet

No. **E070191**

DWR USE ONLY — DO NOT FILL IN									
STATE WELL NO./STATION NO.									
LATITUDE					LONGITUDE				
APN/TRS/OTHER									

GEOLOGIC LOG

WELL OWNER

ORIENTATION (✓)		VERTICAL	HORIZONTAL	ANGLE	(SPECIFY)
DEPTH FROM SURFACE		DRILLING METHOD		FLUID	
		ROTARY		Bentonite	
FL to FL		DESCRIPTION			
		Describe material grain size, color, etc.			
0	3	TOP SOIL			
3	8	BROWN CLAY			
8	25	SAND, GRAVEL & BOULDERS			
25	35	BROWN CLAY & BOULDERS			
35	50	BROWN CLAY			
50	53	CEMENTED SAND			
53	90	BROWN CLAY			
90	143	SAND, GRAVEL & BOULDERS			
143	153	BROWN CLAY			
153	158	SAND, GRAVEL & BOULDERS			
158	165	BROWN CLAY & BOULDERS			
165	172	SAND, GRAVEL & BOULDERS			
172	180	BROWN CLAY			
180	193	SAND, GRAVEL & BOULDERS			
193	205	BROWN CLAY			
205	217	SAND, GRAVEL & BOULDERS			
217	223	BROWN CLAY			
223	285	SAND, GRAVEL & BOULDERS			
285	294	BROWN CLAY			
294	315	SAND & GRAVEL			
315	323	BROWN CLAY			
323	344	SAND & GRAVEL			
344	350	BROWN CLAY			
350	365	SAND & GRAVEL			
365	370	SANDY BROWN CLAY			
370	377	SAND, GRAVEL & BOULDERS			
377	382	BROWN CLAY			
382	385	SANDY BROWN CLAY			
385	425	SAND, GRAVEL & BOULDERS			
425	470	HARD BROWN CLAY			

TOTAL DEPTH OF BORING <u>580</u> (Feet)		TOTAL DEPTH OF COMPLETED WELL <u>550</u> (Feet)	
---	--	---	--

Name <u>Cambria Winery</u>		WELL OWNER	
Mailing Address <u>5475 Chardonnay Lane</u>		CA 93454	
Santa Maria		STATE ZIP	
CITY		STATE ZIP	
Address <u>5475 Chardonnay Lane</u>		WELL LOCATION	
City <u>Santa Maria CA</u>		City <u>Santa Maria</u>	
County <u>Santa Barbara</u>		County <u>Santa Barbara</u>	
APN Book <u>126</u> Page <u>220</u> Parcel <u>054</u>		APN Book <u>126</u> Page <u>220</u> Parcel <u>054</u>	
Township _____ Range _____ Section _____		Township _____ Range _____ Section _____	
Latitude _____		Latitude _____	
DEG MIN SEC		DEG MIN SEC	
LOCATION SKETCH		ACTIVITY (✓)	
NORTH		NEW WELL	
WEST		MODIFICATION/REPAIR	
EAST		— Deepen	
SOUTH		— Other (Specify)	
Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.		DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")	
WATER LEVEL & YIELD OF COMPLETED WELL		PLANNED USES (✓)	
DEPTH TO FIRST WATER _____ (FL) BELOW SURFACE		WATER SUPPLY	
DEPTH OF STATIC WATER LEVEL <u>141</u> (FL) & DATE MEASURED <u>5/27/2008</u>		— Domestic _____ Public _____	
ESTIMATED YIELD • <u>600</u> (GPM) & TEST TYPE <u>Air Lift</u>		✓ Irrigation _____ Industrial _____	
TEST LENGTH <u>6</u> (Hrs.) TOTAL DRAWDOWN _____ (FL)		MONITORING _____	
May not be representative of a well's long-term yield		TEST WELL _____	
		CATHODIC PROTECTION _____	
		HEAT EXCHANGE _____	
		DIRECT PUSH _____	
		INJECTION _____	
		VAPOR EXTRACTION _____	
		SPARGING _____	
		REMEDATION _____	
		OTHER (SPECIFY) _____	

DEPTH FROM SURFACE		BORE - HOLE DIA. (Inches)	CASING (S)							
			TYPE (✓)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
Ft.	to Ft.		BLANK	SCREEN	CON- DUCTOR	FILL PIPE				
0	270	22	✓				F-480 PVC	12	SDR 21	
270	430	22		✓			F-480 PVC	12	SDR 21	.040
430	470	22	✓				F-480 PVC	12	SDR 21	
470	550	22		✓			F-480 PVC	12	SDR 21	.040

DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE			
		CE- MENT (✓)	BEN- TONITE (✓)	FILL (✓)	FILTER PACK (TYPE/SIZE)
Ft.	to Ft.				
0	40	✓			
40	550			✓	Monterey Mix

ATTACHMENTS (✓)

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analysis
- Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME FILIPPONI & THOMPSON DRILLING

(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

P.O. BOX 845

ADDRESS _____
Signed _____

WELL DRILLER/AUTHORIZED REPRESENTATIVE

ATASCADERO

CITY

CA

93423

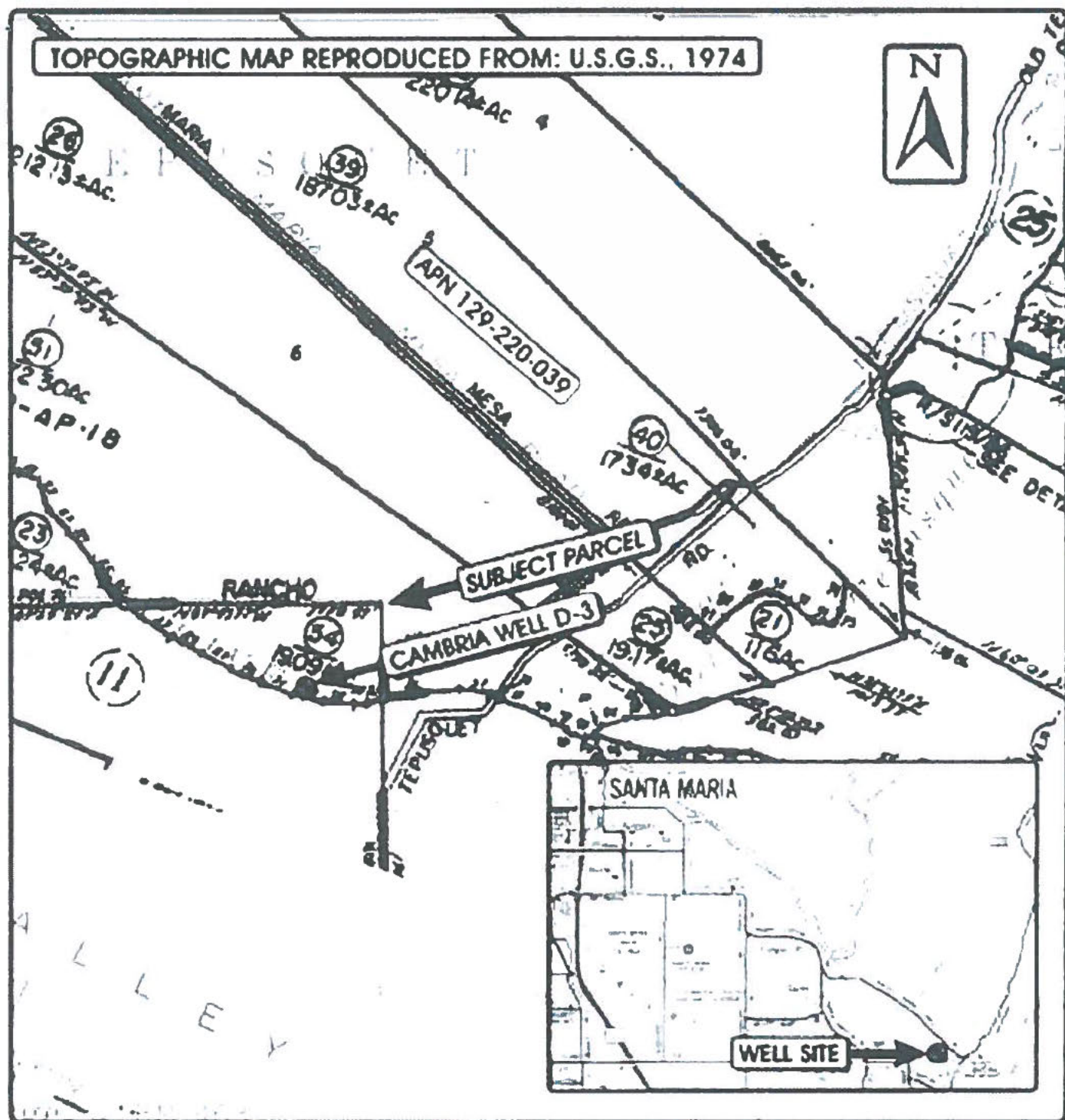
STATE

ZIP

06/03/08

432680

C-57 LICENSE NUMBER



LEGEND

- Proposed Well Site (approximate)
- Parcel Boundary (approximate)
- Assessor's Parcel Number 129-220-039

NOTE: Well Site & APN to be verified by survey



WELL LOCATION MAP

WATER WELL DEVELOPMENT PROJECT

Cambria Vineyard Property

5476 Chardonnay Lane, Santa Maria, California

Rick Hoffman and Associates
ENGINEERING GEOLOGISTS & HYDROLOGISTS

1140 Piedra Rd., Santa Barbara, CA 93105
TEL. (805) 569-1211 FAX (805) 569-0942

FIGURE

1

Santa Barbara County

PUBLIC Health

DEPARTMENT

Environmental Health Services

225 Camino Del Remedio • Santa Barbara, CA 93110
805/681-4900 • FAX 805/681-4901

2125 S. Centerpointe Pkwy., #333 • Santa Maria, CA 93455-1340
805/346-8460 • FAX 805/346-8485

Elliot Schulman, MD, MPH *Director/ Health Officer*
Anne M. Fearon *Deputy Director*
Suzanne Jacobson, CPA *Deputy Director*
Michele Mickiewicz, MPH *Deputy Director*
Jane Overbaugh *Deputy Director*

June 20, 2008

Jackson Family Estates II, LLC
421 Aviation Blvd.
Santa Rosa, CA. 95403-1069

Subject: **Completion Report for Water Well Permit # SR0105595**
(Assessor's Parcel Number: 129-220-054, 5475 Santa Maria Mesa Rd. SM)

This Department has reviewed the construction of the subject water well as related to the approval of the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County Water Well Ordinance.

If water from this well, is intended to be utilized for domestic or drinking purposes it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes, which require potable water for human consumption or use.

Please contact the undersigned at the office indicated on this letterhead if you have any questions or if you need a Water System Permit Application and a copy of the instructions for completing the form and for providing the necessary specifications on the system.

Sincerely,



Richard Furtado, REHS
Environmental Health Specialist

PC: Assessor's Office

Jackson Family Estates
APN # 129-220-054

Permit No. _____
Page _____ of _____ pages

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

SR#0105595

Well Permit Application Received: Date 5, 9, 08

Site Investigation By R. Furtado Date 5, 9, 08

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input checked="" type="checkbox"/> Creek or Watercourse <u>≈ 400'</u> |
| <input type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input checked="" type="checkbox"/> Other <u>≈ 100' edge of mesa</u>
<u>> 30% slope</u> |

* Assessor - OK

* Setbacks - OK

Application Reviewed and Approved: By R. Furtado Date 5, 12, 08

Work Investigation Record

Date 5, 13, 08 * Conductor casing seal

Casing Information

Type: Steel ☒ PVC ☐ Other ☐

Class/Gage/NSF: _____

ASTM#: _____

Diameter: 22" Total Depth: 40'

Casing Schedule

0'	-		=	
	-		=	
	-		=	
	-		=	
	-		=	
	-		=	
	-		=	

Well Site #: 1

Borehole

Total Depth of Well: _____

Conductor casing 40'
~~Annular~~ Seal Depth: _____

Well Bore Diameter: 30"

Sealing Material: 6-sack cement

Amount: ≈ 4 yds.³

Method of Pour: pump

Use of Tremie: yes

Driller(s): Wes Powell

Filiponi & Thompson

Comments: 5/13/08 - 40' conductor-casing seal. R.F.
6/11/08 - per geologist Rick Hoffman - casing securely capped

Final Inspection and Approval/Denial: By R. Furtado Date 6, 11, 08
(H/C w/Hoffman)

Notice of Work Acceptance/Rejection Sent to Well owner On 6, 24, 08 R.F.

9N 32W 16

ORIGINAL
File with DWR 09N32W166 WELL COMPLETION REPORT

STATE OF CALIFORNIA
Refer to Instruction Pamphlet

No. 1082594

Page ____ of ____

Local Permit Agency Santa Barbara Co

Permit No. SR# 107959

Permit Date 8-4-11

CC320

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO.

APN/TRS/OTHER

GEOLOGIC LOG

ORIENTATION () ☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE (SPECIFY)
DRILLING METHOD Rotary FLUID Mod

DEPTH FROM SURFACE	FL	TO	FL	DESCRIPTION
0	125			Large Rocks & Sand
125	130			Clay Brown
130	140			Small Gravel & Sand
140	155			Brown Clay
155	210			Sand & Gravel
210	235			Sandy Clay
235	265			Sand & Gravel
265	295			Sandy Clay
295	310			Sand
310	320			Clay
320	340			Sand & Gravel
340	380			Sand With Clay Streaks
380	400			Sand & Gravel
400	410			Clay
410	460			Sand & Gravel

WELL OWNER

County Santa Barbara Co

APN Book _____ Page _____ Parcel _____

Township _____ Range _____ Section _____

Lat. 34° 86' 03" N Long. -120° 24' 27" W

LOCATION SKETCH

NORTH

WEST

EAST

SOUTH

HOUSE

5/10p

3/4 mile

TEPUSQUITO

RIVER

ACTIVITY ()

☐ NEW WELL

MODIFICATION/REPAIR

☐ Deepen

☐ Other (Specify) _____

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

USES ()

WATER SUPPLY

☐ Domestic ☐ Public

☐ Irrigation ☐ Industrial

MONITORING ☐

TEST WELL ☐

CATHODIC PROTECTION ☐

HEAT EXCHANGE ☐

DIRECT PUSH ☐

INJECTION ☐

VAPOR EXTRACTION ☐

SPARGING ☐

REMEDIATION ☐

OTHER (SPECIFY) _____

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (FL) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL _____ (FL) & DATE MEASURED _____

ESTIMATED YIELD 900 (GPM) & TEST TYPE Pump

TEST LENGTH 8 (Hrs.) TOTAL DRAWDOWN _____ (FL)

* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)							DEPTH FROM SURFACE			ANNULAR MATERIAL					
				TYPE (≦)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS				SLOT SIZE IF ANY (Inches)	TYPE				
				BLANK	SCREEN	CON- DUCTOR	FILL PIPE								CE- MENT (≦)	BEN- TONITE (≦)	FILL (≦)	FILTER PACK (TYPE/SIZE)	
Fl.	to	Fl.										Fl.	to	Fl.					
0	135		22	X				PVC	12	SDR-21		0	40		X				
135	435		22		X			PVC	12	SDR-21	040								
435	455		22	X				PVC	12	SDR-21									Montery

ATTACHMENTS ()

☐ Geologic Log

☐ Well Construction Diagram

☐ Geophysical Log(s)

☐ Soil/Water Chemical Analyses

☐ Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

ADDRESS _____

Signed _____
C-57 LICENSE NUMBER _____

DATE SIGNED _____
C-57 LICENSE NUMBER _____

QUADRUPLICATE
For Local Requirements

Page of

Owner's Well No. 4

Date Work Began 10-2-10, Ended 11-1-10

Local Permit Agency San Diego County

Permit No. 0107524

Permit Date 10-27-10

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

No. **1082581**

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

ORIENTATION () ☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE ☐ (SPECIFY)
DRILLING METHOD Rotary FLUID air

DEPTH FROM SURFACE			DESCRIPTION
FL.	to	FL.	
0	105		Large Gravel Sand
105	198		Course Sand
198	210		Brown Clay
210	350		Brown Sand & small Gravel

RECEIVED

JAN 06 REC'D

ENVIRONMENTAL HEALTH SERVICES

028-10/12/2010 LAH

TOTAL DEPTH OF BORING 350 (Feet)

TOTAL DEPTH OF COMPLETED WELL 340 (Feet)

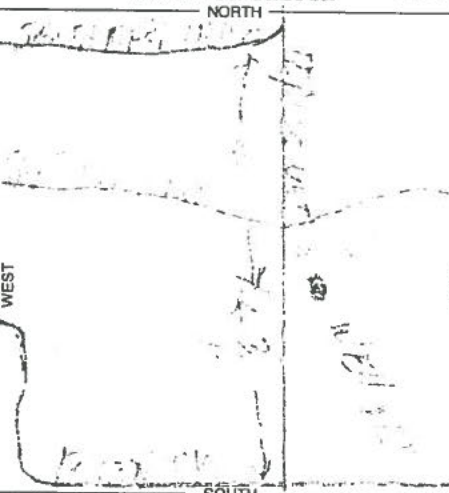
WELL OWNER

Name Don Taylor
Mailing Address 1625 Yonovan
San Diego Calif 92104
CITY San Diego STATE CA ZIP 92104

WELL LOCATION
Address 1625 Yonovan
City San Diego
County San Diego

APN Book Page Parcel 120-220-100
Township 34 Range 51 Section 120
Lat 34 DEG. 51 MIN. 120 SEC. N Long 115 DEG. 14 MIN. 50 SEC. W

LOCATION SKETCH



Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. **PLEASE BE ACCURATE & COMPLETE.**

ACTIVITY ()

- ☐ NEW WELL
- MODIFICATION/REPAIR
- ☐ Deepen
- ☐ Other (Specify)
- DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
- USES ()
- WATER SUPPLY
- ☐ Domestic ☐ Public
- ☐ Irrigation ☐ Industrial
- MONITORING ☐
- TEST WELL ☐
- CATHODIC PROTECTION ☐
- HEAT EXCHANGE ☐
- DIRECT PUSH ☐
- INJECTION ☐
- VAPOR EXTRACTION ☐
- SPARGING ☐
- REMEDIATION ☐
- OTHER (SPECIFY)

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER (FL) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL 170 (FL) & DATE MEASURED 11-1-10

ESTIMATED YIELD 300 (GPM) & TEST TYPE 1200

TEST LENGTH 12 (Hrs.) TOTAL DRAWDOWN 15 (FL.)

* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)							
				TYPE (≦)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
Fl.	to	Fl.	BLANK	SCREEN	CON- DUCTOR	FILL PIPE					
0	140	17					2" PVC	6	1/2"-2"		
140	340	17					2" PVC	8	1/2"-2"	0.40	

DEPTH FROM SURFACE			ANNULAR MATERIAL			
			TYPE			
Fl.	to	Fl.	CE- MENT (≦)	BEN- TONITE (≦)	FILL (≦)	FILTER PACK (TYPE/SIZE)
0	30					

ATTACHMENTS ()

- ☐ Geologic Log
- ☐ Well Construction Diagram
- ☐ Geophysical Log(s)
- ☐ Soil/Water Chemical Analyses
- ☐ Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Don Taylor Drilling
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS 2801 - 2801 N Santa Maria Calif 92053 CITY San Diego STATE CA ZIP 92053

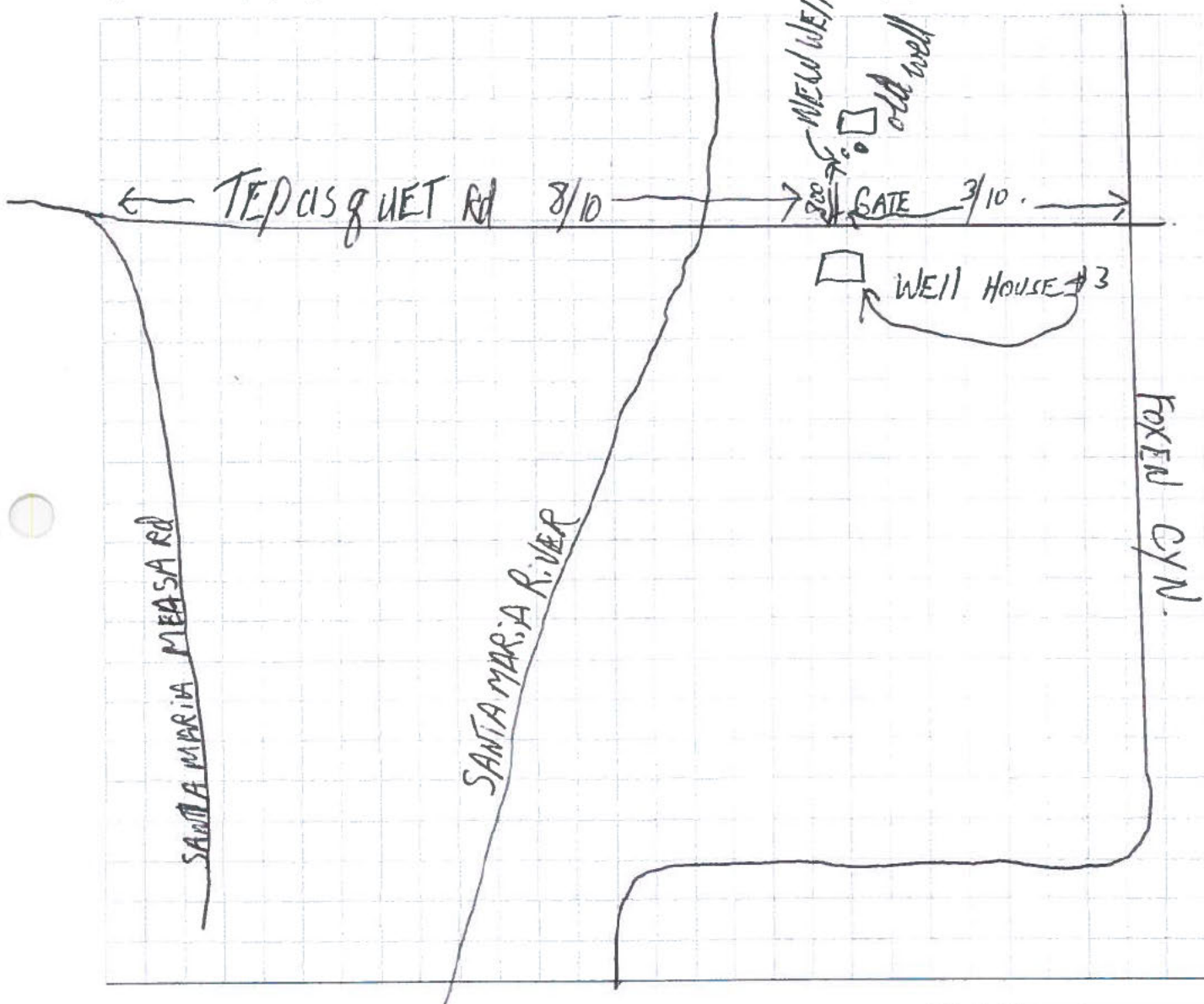
Signed Don Taylor DATE SIGNED 11-12-10
C-57 LICENSED WATER WELL CONTRACTOR C-57 LICENSE NUMBER 021-15

Well Permit Application Plot Plan

(Scale 1/4" Block = 20 ft.)

Permit #: 820107524
APN: 129-220-024

Indicate below the exact location of the proposed well with respect to the following items within 200 ft. of the proposed well: property lines, access roads and easements; existing/proposed structures (surface and subsurface); existing wells; existing/proposed industrial, hazardous, solid waste systems, works or tanks; petroleum product system works or tanks; animal enclosures and/or animal waste storage areas; agricultural operations; watercourses, 100-yr. flood plain and drainage patterns of the property; and well site elevations. Show the actual distance between the proposed well and these items.



Dept. Use Only: Site Reviewed By: _____

Date: _____

- ☐ Sewer (Sanitary, Storm or Bldg.) - 50 ft.
- ☐ Septic Tanks and / or Leachlines - 100 ft.
(include 100% expansion area)
- ☐ Seepage Pit / Drywell - 150 ft.
(include 100% expansion area)

- ☐ Water Bodies / Courses - 50 ft.
- ☐ Underground Petroleum Product Storage Tanks - 100 ft.
- ☐ Other: _____

January 21, 2011

Cal Portland
1625 E Donovan Rd.
Santa Maria CA 93454

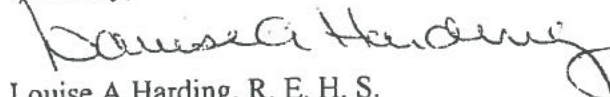
Subject: **Completion Report for Water Well Permit #SR0107524**
(Assessor's Parcel Number: 129-220-024, Tepusquet Rd. & Foxen Cyn Rd.)

This Department has reviewed the construction of the subject water well as related to the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County.

If water from this well is intended to be utilized for domestic or drinking purposes it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes, which requires potable water for human consumption or use.

Please contact the undersigned if you have any questions or if you need a Water System Permit Application. I can be reached at 805 / 346-8465.

Sincerely,


Louise A Harding, R. E. H. S.
Environmental Health Specialist

cc: Assessor's Office

ENVIRONMENTAL HEALTH SERVICES DIVISION
SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT
WELL PERMIT FIELD INVESTIGATION RECORD

SR 100 7524

Well Permit Application Received: Date: 10-13-2010

Name of Investigator: LWA Date of Site Check: 10-13-2010

Findings: (Check Applicable Boxes and Give Clearance)

<input checked="" type="checkbox"/> Overhead Powerlines _____	<input checked="" type="checkbox"/> Animal Enclosures _____ (100 Feet)
<input checked="" type="checkbox"/> Sewer Lines _____ (>50 feet)	<input checked="" type="checkbox"/> Creek/Watercourse _____ (100 yr Floodplain)
<input checked="" type="checkbox"/> Leachfield/Septic Tank _____ (>100 feet)	<input type="checkbox"/> Petroleum Tank/Pipeline _____ (50 Feet)
<input checked="" type="checkbox"/> Cesspool/Drywell _____ (>150 feet)	<input type="checkbox"/> Other _____

Comments: _____

Application Reviewed and Approved: By: Nancy A. Harding Date: 10-13-2010

Construction Inspection Record:

Date: 10/14/10

Well Permit Number: SR0107524

Casing Information:

Borehole:

Type: Steel ☐ PVC ☒ Other ☐ _____

Total Depth of Well: 320'

Class/Gage/NSF SDR 21 NSF

Annular Seal: 30'
(20' Ag & SPWS; 50' >5 conn. & commercial)

ASTM # F 480 D: 1527 1785 2241 2996 2997 3517
AWWA C950

Well Bore Diameter: 17 1/2"

Diameter: 18" Total Depth: 320'

Sealing Material: CEMENT
6 sack concrete YES
Amount: 3 yards

Casing Schedule:

Conductor Casing:

0 ft	120' BLANK
120'	320' SCREEN

Bore: N.A.
Material: _____
Conductor
Casing: _____

Method of Pour: Gravity or Pumper
Use of Tremie pipe: Y N
Driller: RON TAYLOR

☐ Destruction:

Casing Depth Below Grade: N.A.
Depth of Seal: _____

Comments: CONSTRUCTION INSPECTION BY Norma R. Hamilton, WELL CAP IN PLACE.

Final Construction: Approved Denial

Date: 10-14-10

Notice of Construction Acceptance or Denial Sent to Owner:

Date: _____

ORIGINAL
File with DWR 09N32W16N **WELL COMPLETION REPORT**

STATE OF CALIFORNIA
Refer to Instruction Pamphlet

Page 1 of 1

Owner's Well No. _____ No. **0907275**

Date Work Began **8/1/2007**, Ended **8/25/2007**

Local Permit Agency **Santa Barbara County Environmental Health**

Permit No. **SR# 0105075** Permit Date **8/1/2007**

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

ORIENTATION () ☒ VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)

DRILLING METHOD **Rotary** FLUID **Bentonite**

DEPTH FROM SURFACE

FL.	to	FL.	DESCRIPTION
0	49		3/4" gravel, coarse sand, fine sand.
49	50		1/2" gravel, coarse sand, fine sand.
50	65		Light brown shale mixed w/ coarse sand, small gravels, fine sand.
65	94		3/4" rock, small gravels, coarse sand, fine sand.
94	100		Light brown clay, coarse sand, fine sand.

Describe material, grain size, color, etc.

NOT FOR PUBLIC WATER CODE

TOTAL DEPTH OF BORING **100'** (Feet)

TOTAL DEPTH OF COMPLETED WELL **100'** (Feet)

WELL LOCATION

Address **6020 Foxen Canyon Rd.**

City **Santa Maria**

County **Santa Barbara**

APN Book **129** Page **220** Parcel **015**

Township **11** Range **15** Section **363**

Lat. **34** **51** **159** N Long. **120** **15** **363** W

DEG. MIN. SEC. DEG. MIN. SEC.

LOCATION SKETCH

ACTIVITY ()

☒ NEW WELL

MODIFICATION/REPAIR

_____ Deepen

_____ Other (Specify)

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

USES ()

WATER SUPPLY

_____ Domestic ☒ Public

_____ Irrigation _____ Industrial

MONITORING _____

TEST WELL _____

CATHODIC PROTECTION _____

HEAT EXCHANGE _____

DIRECT PUSH _____

INJECTION _____

VAPOR EXTRACTION _____

SPARGING _____

REMEDIATION _____

OTHER (SPECIFY) _____

SEE ATTACHED MAP.

WEST EAST

Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER **48** (FL) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL **53** (FL) & DATE MEASURED **8/20/07**

ESTIMATED YIELD **104** (GPM) & TEST TYPE **pump**

TEST LENGTH **5.5** (Hrs.) TOTAL DRAWDOWN **13** (FL)

* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)						
				TYPE ()				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS
Fl.	to	Fl.	BLANK	SCREEN	COR. DUCTOR	FILL PIPE				
0	60	16"	X				SDR21CLASS200	8"	.410	
60	100	16"		X			SDR21CLASS200	8"	.410	.040

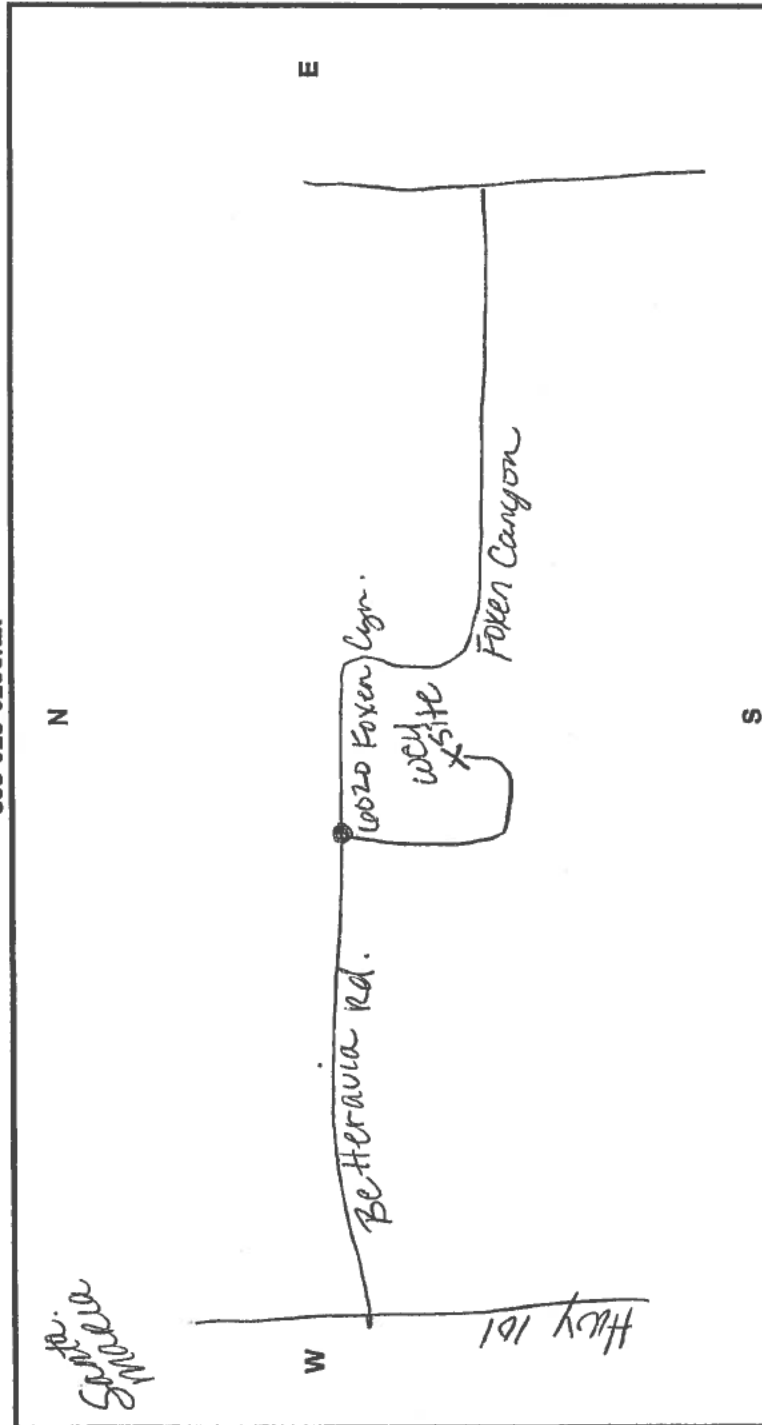
ATTACHMENTS ()

- _____ Geologic Log
- _____ Well Construction Diagram
- _____ Geophysical Log(s)
- _____ Soil/Water Chemical Analyses
- ☒ Other **location map**

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

Attn : Kathy Pham

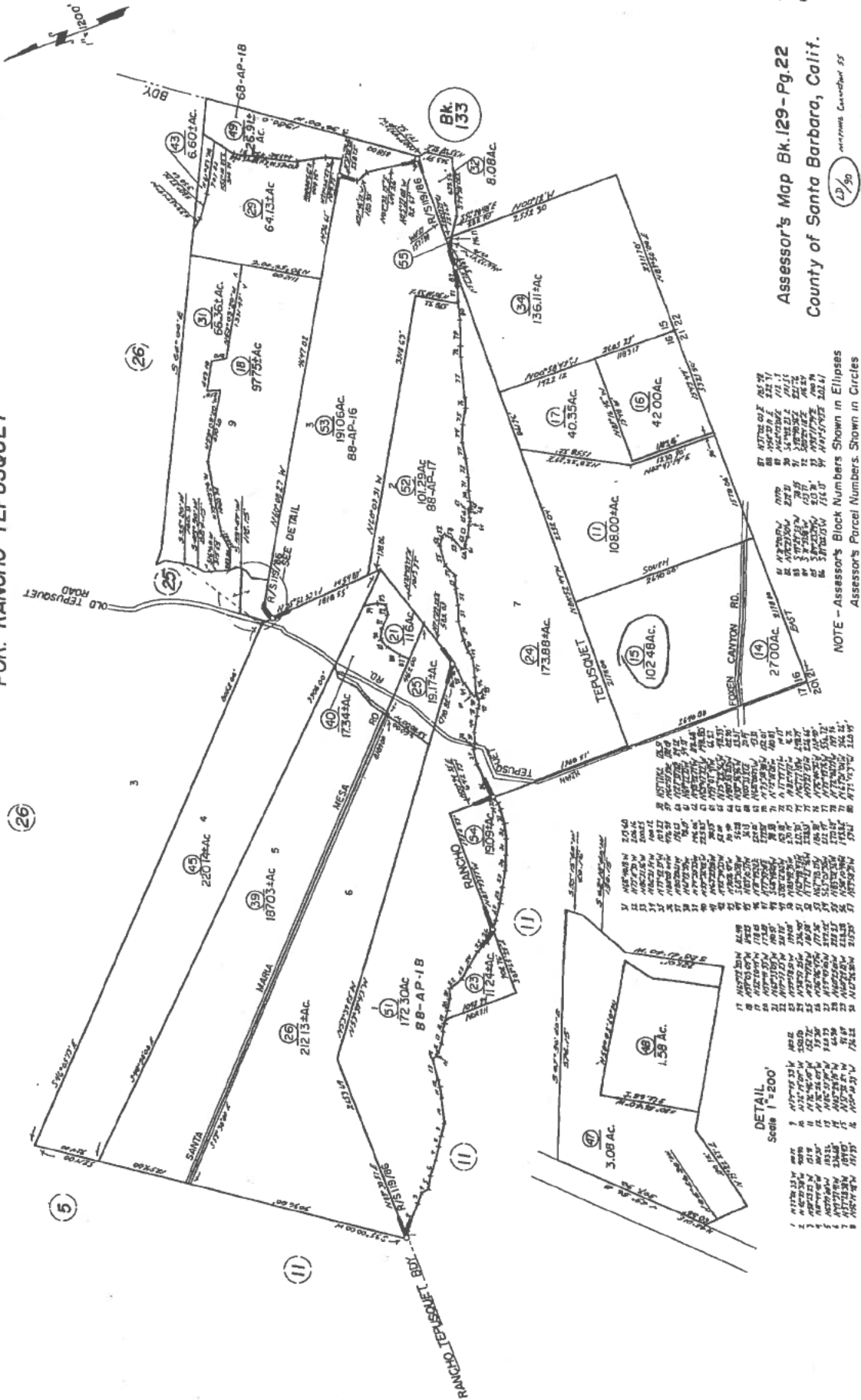
Mc Donald & Bender Drilling, Inc.
1226 W. Furukawa Way #A
Santa Maria, CA 93458
805-922-2022 office
805-928-6286 fax



Riverbench Vineyard, 6020 Foxen Canyon Rd.

129-22

T. 9 N., R. 32 W., S. B. B. & M.
POR. RANCHO TEPUSQUET



9N 32W 17

ORIGINAL

File with DWR

STATE OF CALIFORNIA

THE RESOURCES AGENCY

DEPARTMENT OF WATER RESOURCES

WATER WELL DRILLERS REPORT

CC 310
Do not fill in

No. 221034

Permit No. or Date 2820 S. B. County

State Well No. _____

Other Well No. _____

(1) OWNER: Name _____

Address _____

City _____

(2) LOCATION OF WELL (See instructions):

County Santa Barbara Owner's Well Number 2

Well address if different from above _____

Township 9N Range 32W Section 17

Distance from cities, roads, railroads, fences, etc. 50' North Of Well #1

In Yard At Rock Plant 1 1/2 Mile East Of Sisquoc

On Foxen Cyn. Rd.

(12) WELL LOG: Total depth _____ ft. Depth of completed well _____ ft.
from ft. to ft. Formation (Describe by color, character, size or material)

See Attached Log

(3) TYPE OF WORK:

New Well ☒ Deepening ☐Reconstruction ☐Reconditioning ☐Horizontal Well ☐Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:

Domestic ☒Irrigation ☒Industrial ☐Test Well ☐Stock ☐Municipal ☐Other ☐

WELL LOCATION SKETCH

(5) EQUIPMENT:

Rotary ☒ Reverse ☐Cable ☐ Air ☐Other ☐ Bucket ☐

(6) GRAVEL PACK:

Yes ☒ No ☐ Size 24"

Diameter of bore 80' to 395' ft.

Packed from 80' to 395' ft.

(7) CASING INSTALLED:

Steel ☒ Plastic ☐ Concrete ☐

(8) PERFORATIONS:

Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Gage or Wall	From ft.	To ft.	Slot size
0	97.6	14"	.312	97.6	137.8	.100x2 1/2x24 Rows
137.8	178.0	14"	.312	178.0	218.2	.100x2 1/2x24 Rows
218.2	258.4	14"	.312	258.4	389.0	.100x2 1/2x24 Rows

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth _____ ft.Were strata sealed against pollution? Yes ☐ No ☒ Interval _____ ft.

Method of sealing Cement

(10) WATER LEVELS:

Depth of first water, if known _____ ft.

Standing level after well completion _____ ft.

(11) WELL TESTS:

Was well test made? Yes ☐ No ☐ If yes, by whom? _____Type of test Pump ☐ Bailor ☐ Air lift ☐

Depth to water at start of test _____ ft. At end of test _____ ft.

Discharge _____ gal/min after _____ hours Water temperature _____

Chemical analysis made? Yes ☐ No ☐ If yes, by whom? _____Electric log made? Yes ☐ No ☐ If yes, attach copy to this report

WELL DRILLER

This well was drilled _____ is report is true to the best of my knowledge

SIGNED _____

NAME _____

Address _____

City _____

License No. C57-229570 Date of this report 5-9-83



FLOYD V. WELLS, INC.

"Depend on Wells for Water"
1337 WEST BETTERAVIA ROAD
SANTA MARIA, CALIFORNIA 93455
(805) 925-8628
CALIFORNIA LICENSE NO. C57-229570



221034

WATER WELL DRILLING LOG

Owner: Kaiser Sand & Gravel

Company:

Well No.: 2

Rig: 5

Location of Well: 50' North Of Well #1 In Yard At Rock Plant 1½ Mile East Of Sisquoc On
Foxen Canyon Road.

Surface Pipe or Seal: 10'-30" Cemented In 36" Hole

Size: Cement Seal to Depth: 80'

Gauge:

Well Bore Diameter: 28"-80' 24"-395'

Depth of Casing Set: 395'

Casing Size: 14" O.D.

Gauge: .312

Type: Steel

Perforations: Size: .100x2½"

Type: Vertical Slot

Number: 24 Rows

Perforation Location from Ground Level: 97.6'

From: 0'

To: 97.6' Blank

97.6'-137.8' Perf., 137.8'-178.0' Blank, 178.0'-218.2' Perf, 218.2'-258.4' Blank

258.4'-389.0' Perf., 389.0'-395.0' Blank W/Bullnose On Bottom.

Bit Pack: Type: Dumped Slurry

Size: ¼ x 1/8

Quantity: 32 Tons

Bits: No. Used: 5

Size: 1-17 1-36 1-15 1-24 1-28

Drilling Method: Air:

Foam:

Mud: X

Material Used: Gel.: 224 Premium 50# 8-100#

P-95: 1-Bag Baride Weight Mat- Foam:

Well Started: 4-25-83

Well Completed: 5-2-83

Driller: Tony

TEST PUMPING INFORMATION:

Production Test:

Standing Water Level:

Pumping Level:

G.P.M.:

Pumping Level

REMARKS:

SANTA MARIA, CALIFORNIA

FLOYD V. WELLS, INC.

221034
GOLETA, CALIFORNIA

FORMATION LOG

[illegible]

Permit of Intent No. 100021

Local Permit No. or Date

State Well No.

Other Well No.

(1) OWNER: Name Estate of Ramon Goodchild

Address

City Zip

(2) LOCATION OF WELL (See instructions):

County Santa Barbara Owner's Well Number

Well address if different from above Sisquoc, CA

Township Sisquoc Range Section

Distance from cities, roads, railroads, fences, etc. 50' N. of center line of Foxen Canyon Road and 1/2 mile E. of Long Canyon

(12) WELL LOG: Total depth 500 ft. Depth of completed well 452 ft.
from ft. to ft. Formation (Describe by color, character, size or material)

0 - 5 surface soil
5 - 10 fine to coarse sand/gravel
10 - 20 fine/med. gravel/coarse sand
20 - 50 fine to coarse gravel/rock/sand
50 - 70 fine to coarse gravel/rock/sand
70 - 75 clay/rock/gravel/sand
75 - 90 gravel, rock/sand/clay
90 - 140 clay, coarse gravel, sand/rock
140 - 150 gravel, clay, sand, rock
150 - 170 gravel, rock, sand, clay
170 - 210 clay, little gravel
210 - 260 med. to coarse sand/gravel/clay
260 - 290 layers clay/sand/gravel
290 - 310 layers clay/sand/gravel
310 - 430 layers coarse sand/gravel/clay
430 - 450 layers fine/coarse sand/gravel/clay
450 - 470 clay, fine/coarse sand/gravel
470 - 490 fine/coarse sand/med. gravel/clay
490 - 500 clay, some sand and gravel

(3) TYPE OF WORK:

New Well ☒ Deepening ☐

Reconstruction ☐

Reconditioning ☐

Horizontal Well ☐

Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:

Domestic ☒

Irrigation ☒

Industrial ☐

Test Well ☐

Stock ☐

Municipal ☐

Other ☐

WELL LOCATION SKETCH

(5) EQUIPMENT:

Rotary ☒ Reverse ☐

Cable ☐ Air ☐

Other ☐ Bucket ☐

(6) GRAVEL PACK:

Yes ☒ No ☐ Size 1/4 x 8

Diameter of bore 20"

Packed from 0 to 460 ft.

(7) CASING INSTALLED:

Steel ☒ Plastic ☐ Concrete ☐

(8) PERFORATIONS:

Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Cage or Wall	From ft.	To ft.	Slot size
0	452	14	.250	70	90	3/4 x 1/8
				130	170	" "
				210	452	" "

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 55 ft.

Were struts sealed against pollution? Yes ☐ No ☒ Interval

Method of sealing Cement Grout

(10) WATER LEVELS:

Depth of first water, if known

Standing level after well completion 127 ft.

(11) WELL TESTS:

Was well test made? Yes ☒ No ☐ If yes, by whom? Johnston Pumps

Type of test Pump ☒ Bailor ☐ Air lift ☐

Depth to water at start of test 127 ft. At end of test 127 ft.

Discharge 1100 gal/min after hours Water temperature

Chemical analysis made? Yes ☐ No ☐ If yes, by whom?

Electric log made? Yes ☐ No ☒ If yes, attach copy to this report

Work started 7/13 19 77 Completed 7/29 19 77

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and the report is true to the best of my knowledge and belief.

SIGNED

(Well Driller)

NAME Valley Pump and Supply

(Person, firm, or corporation) (Typed or printed)

Address P.O. Box 616

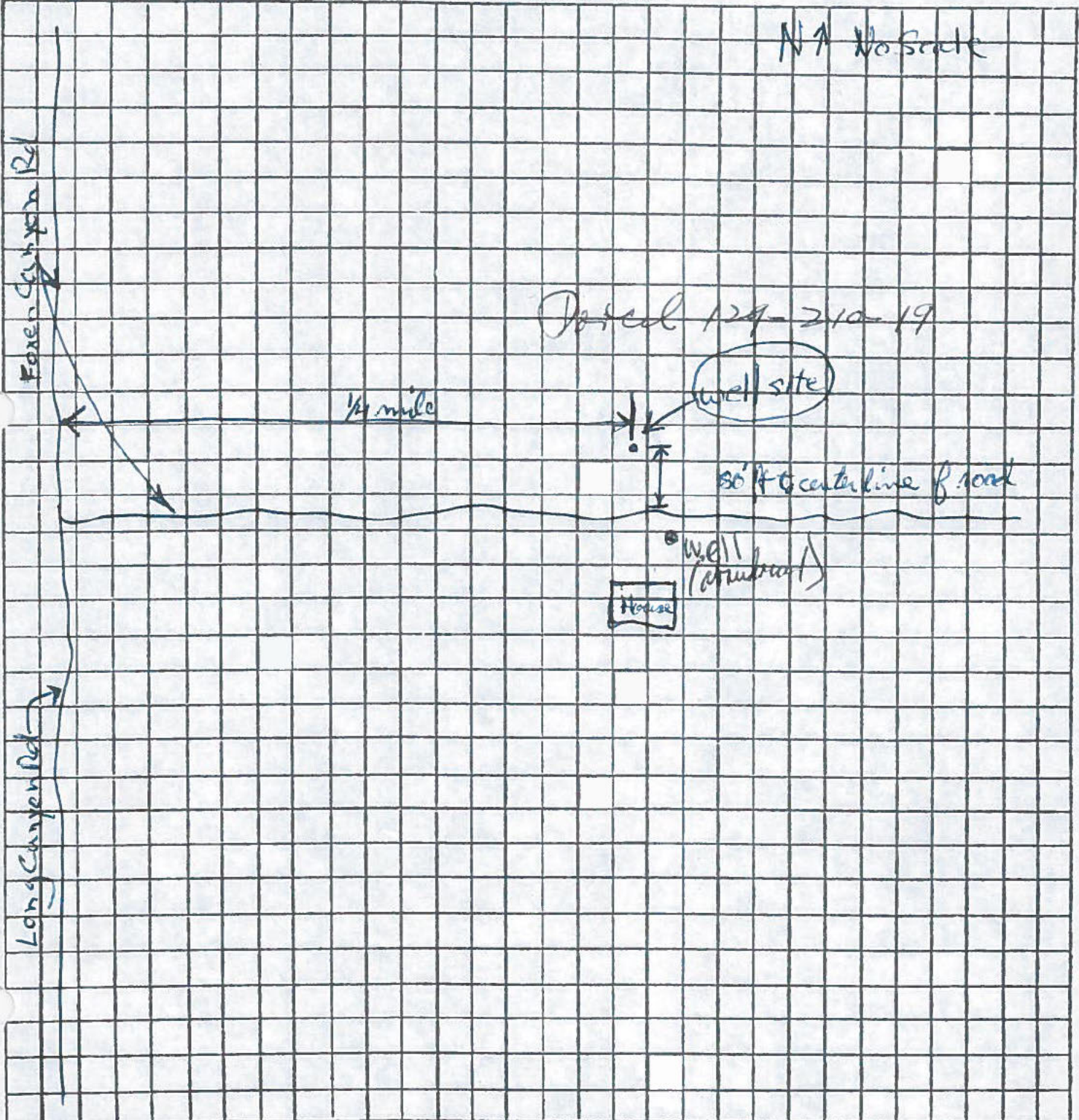
City Buellton, CA

License No. 210448

Date of this report 8/15/77

WELL PERMIT APPLICATION
Plot Plan
Scale: 1/4" = 20'

Indicate below the exact location of the well with respect to the following items within 200' of the well: Property lines, sewers and private sewage systems, water bodies on watercourses, drainage pattern, existing wells, access roads, well site elevation. Include dimensions.





COUNTY OF SANTA BARBARA • HEALTH CARE SERVICES

P.O. BOX 486, 900 W. FOSTER RD., SANTA MARIA, CALIFORNIA 93454 • PHONE (805) 937-6365

LAWRENCE HART, M.D., M.P.H.
DIRECTOR

Date: 10/4/77

Re: Water Well Permit No. 555

Ramon Goodchild

☒ This department has reviewed the construction, ~~modification, abandonment~~
~~or destruction~~ of the water well located on the subject property and has deter-
mined said work to have been performed in compliance with the requirements of
the County Water Well Ordinance.

Comments _____

☐ This department has reviewed the construction, modification, abandonment
or destruction of the water well located on the subject property and has deter-
mined that said work was NOT PERFORMED in compliance with the requirements of
the County Water Well Ordinance. No clearance can be granted by this department
until the following is completed: _____

If any additional information pertinent to this matter is desired, please contact
me at the below-designated Health Center.

_____ Santa Barbara, 4440 Calle Real	964-8848
<input checked="" type="checkbox"/> Santa Maria, 900 West Foster Road	937-6365
_____ Lompoc, H and Locust Streets	736-5621
_____ Solvang, 1745 Mission Drive	688-5544

Public Health Sanitarian
Environmental Health Division

cc: Well Contractor

SM EnvHlth #14
Rev 1/77

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Permit No. 555

Page of pages

Well Permit Application Received: Date 7/14/77

Site Investigation: By Gerald Jewick Date 7/14/77

Findings: There are no sewage installations within 150 feet of the well. There is an abandoned well on property across the highway approx. 100 feet from well site. This is also Goldfield property.

Application Reviewed and Approved By Gerald Jewick Date 7/14/77

Work Investigation Record

Findings: 8/22/77 Permit changed to domestic well with 55' seal inspected and approved. Work started at 2:00 P.M. Chlorination tank will be installed if well is later used for domestic purposes.

Final Inspection and Approval/Denial: By Gerald Jewick Date 10/4/77

Notice of Work Acceptance/Rejection Sent to Well Owner On 10/4/77.

CC 338

for

9N32W17E

ORIGINAL
File Original, Duplicate and Triplicate with the
REGIONAL WATER POLLUTION
CONTROL BOARD No. 3
(attach duplicate number)

WATER WELL DRILLERS REPORT
(Sections 7076, 7077, 7078, Water Code)
THE RESOURCES AGENCY OF CALIFORNIA
9N. 32W-17

Do Not Fill In
No. 101215
State Well No. 9N/32W-17
Other Well No. _____



(2) LOCATION OF WELL:

County Santa Barbara Owner's number, if any—
R. F. D. or Street No. 1 7/10 South of Sisquoc on
Foxen Canon Road 300 feet
West
34.85 13 45 -120.2677 90

(3) TYPE OF WORK (check):

New well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☒ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☒
Cable ☐
Dug Well ☐

(6) CASING INSTALLED:

SINGLE <input checked="" type="checkbox"/> DOUBLE <input type="checkbox"/>		Gage " or Wall	If gravel packed	
From	to		Diameter of Bore	from ft. to ft.
0	600	10" Diam. 1/4 Wall	20"	0 600
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
Type and size of shoe or well ring			Size of gravel: 1/4	
Describe joint: Welded				

(7) PERFORATIONS:

Type of perforator used	Machine Cut			
Size of perforations	3"	in., length, by	80 mesh	in.
From 68 ft. to 600 ft.		Perf. per row	14	Rows per ft.
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☐ Yes ☒ No To what depth _____ ft.
Were any strata sealed against pollution? ☐ Yes ☒ No If yes, note depth of strata
From _____ ft. to _____ ft.
Method of Sealing _____

(9) WATER LEVELS:

Depth at which water was first found _____ ft.
Standing level before perforating _____ ft.
Standing level after perforating 169 ft.

(10) WELL TESTS:

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Floyd V. Wells
Yield: 320 gal./min. with 199 ft. draw down after 4 hrs.
Temperature of water _____ Was a chemical analysis made? ☐ Yes ☐ No
Was electric log made of well? ☐ Yes ☒ No

(11) WELL LOG:

Total depth	600	ft.	Depth of completed well	600	ft.
Formation: Describe by color, character, size of material, and structure.					
0	ft. to	3	ft.	Top Soil	
8	"	19	"	Yellow sandy clay	
19	"	35	"	Clay and gravel	
35	"	85	"	Sand and Gravel	
85	"	109	"	Sandy clay	
109	"	123	"	Sand and gravel	
123	"	134	"	Fine sand	
134	"	139	"	Sandy clay	
139	"	187	"	Coarse sand and gravel	
187	"	216	"	Fine sand	
216	"	407	"	Blue sandy clay and	
"	"	"	"	hard streaks	
407	"	427	"	White sandy clay	
427	"	439	"	Blue shale and sea	
"	"	"	"	Shells	
439	"	562	"	Blue sandy shale	
562	"	600	"	Gray shale	

**CONFIDENTIAL - NOT
FOR PUBLIC RELEASE**

Work started _____ 19 _____ Completed Feb. 2 19 65

CONFIDENTIAL
Section 7076, Water Code

9N32W17K

CC153

Do Not Fill In

ORIGINAL
File with DWRSTATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

No 106367

State Well No. _____
Other Well No. _____

(1) OWNER:

Name Sisquoc GRANGE # 651
Address RT 1 Box 140-C SANTA MARIA MNT
93454 - PHONE 805-937-5057

(11) WELL LOG:

Total depth 361 ft. Depth of completed well 360 ft.

Formation: Describe by color, character, size of material, and structure

(2) LOCATION OF WELL:

County SANTA BARBARA Owner's number, if any # 2
Assessor's Parcel # 129-210-20Distance from cities, roads, railroads, etc. 2 mi South East of
Sisquoc on FOREN CANY. RD

(3) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐

If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☒
Cable ☐
Other ☐

(6) CASING INSTALLED:

STEEL: _____ OTHER: PVC
SINGLE ☒ DOUBLE ☐

If gravel packed

From ft.	To ft.	Diam. in.	Gage or Wall	Diameter of Bore	From ft.	To ft.
	360	5"	160	12 1/4	0	28
				9 7/8	28	361

Size of shoe or well lining:

Size of gravel: 1/2 x 3/4 RockDescribe joint: GLUED Bell END

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen SAW Slots

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.
80'	100'	3	2	1/2" x 3"
180'	200'	3	2	1/2" x 3"
240'	250'	3	2	1/2" x 3"
330'	350'	3	2	1/2" x 3"

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☒ No ☐ To what depth 56' ft.Were any strata sealed against pollution? Yes ☐ No ☒ If yes, note depth of strataFrom _____ ft. to _____ ft.
From _____ ft. to _____ ft.Method of sealing CEMENT GROUT

(9) WATER LEVELS:

Depth at which water was first found, if known 88' ft.

Standing level before perforating, if known _____ ft.

Standing level after perforating and developing 126' ft.

(10) WELL TESTS:

pump test made? Yes ☒ No ☐ If yes, by whom? DRILLER & AIRyield 60 gal./min. with _____ ft. drawdown after _____ hrs.Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒Was electric log made of well? Yes ☐ No ☒ If yes, attach copy

ft. in	ft.
TOP Soil / Sandy Adobe	0 - 4
BROWN Adobe & Sm. GRAVEL	4 - 7
VERY COARSE SAND loose	7 - 12
Yellow Clay Firm	12 - 14
Yellow Clay + Boulders	14 - 17
Boulders	17 - 23
Soft Pale yellow Clay	23 - 24
GRAVEL	24 - 26
GRAVEL w/ WHITE & yellow clay streaks	26 - 40
GRAVEL & yellow clay	40 - 52
WHITE clay	52 - 53
yellow clay & sand	53 - 56
yellow clay & GRAVEL	56 - 58
GRAVEL & yellow clay	58 - 70
GRAVEL yellow clay & sand	70 - 84
yellow clay & sand	84 - 88
GRAVEL & sand	88 - 92
COARSE SAND & sm GRAVEL	92 - 96
COARSE SAND & soft white clay	96 - 98
COARSE SAND sm GRAVEL & BRN clay	98 - 100
COARSE SAND yellow clay & GRAVEL	100 - 105
yellow clay & sand	105 - 111
Firm BRN clay & sand	111 - 123
Loose COARSE SAND	123 - 125
SAND & soft BRN clay	125 - 127
Loose COARSE SAND some GRAVEL	127 - 160
Firm BRN clay & sand sm. GRAVEL	160 - 174/67
Loose COARSE SAND & GRAVEL	174 - 176
med Firm BRN clay & sand	176 - 179
Loose COARSE SAND & GRAVEL	179 - 214
BRN clay & sand some sm. GRAVEL	214 - 241
COARSE SAND & sm GRAVEL	241 - 253
COARSE SAND & BRN clay	253 - 264
COARSE SAND	264 - 266
SAND & PALE yellow clay	266 - 276
COARSE SAND & sm. GRAVEL	276 - 301
SAND & BRN clay Firm	301 - 335

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME TERRY L. MCCORMICK
(Person, firm, or corporation) (Typed or printed)Address PO Box 2321
CRCUT CALIF 93454[SIGNATURE] Terry L. McCormickLicense No. 322158 Dated Dec 8, 1977

SKETCH LOCATION OF WELL ON REVERSE SIDE

sm. GRAVEL & sand 335-341
Loose COARSE SAND 341-353
BRN clay & sand Firm 353-361

NORTH BOUNDARY OF SECTION

NW $\frac{1}{4}$	NE $\frac{1}{4}$	$\frac{1}{2}$ MILE
SW $\frac{1}{4}$	SE $\frac{1}{4}$	$\frac{1}{2}$ MILE
$\frac{1}{2}$ MILE	$\frac{1}{2}$ MILE	

Township _____ N/S

Range _____ E/W

Section No. _____

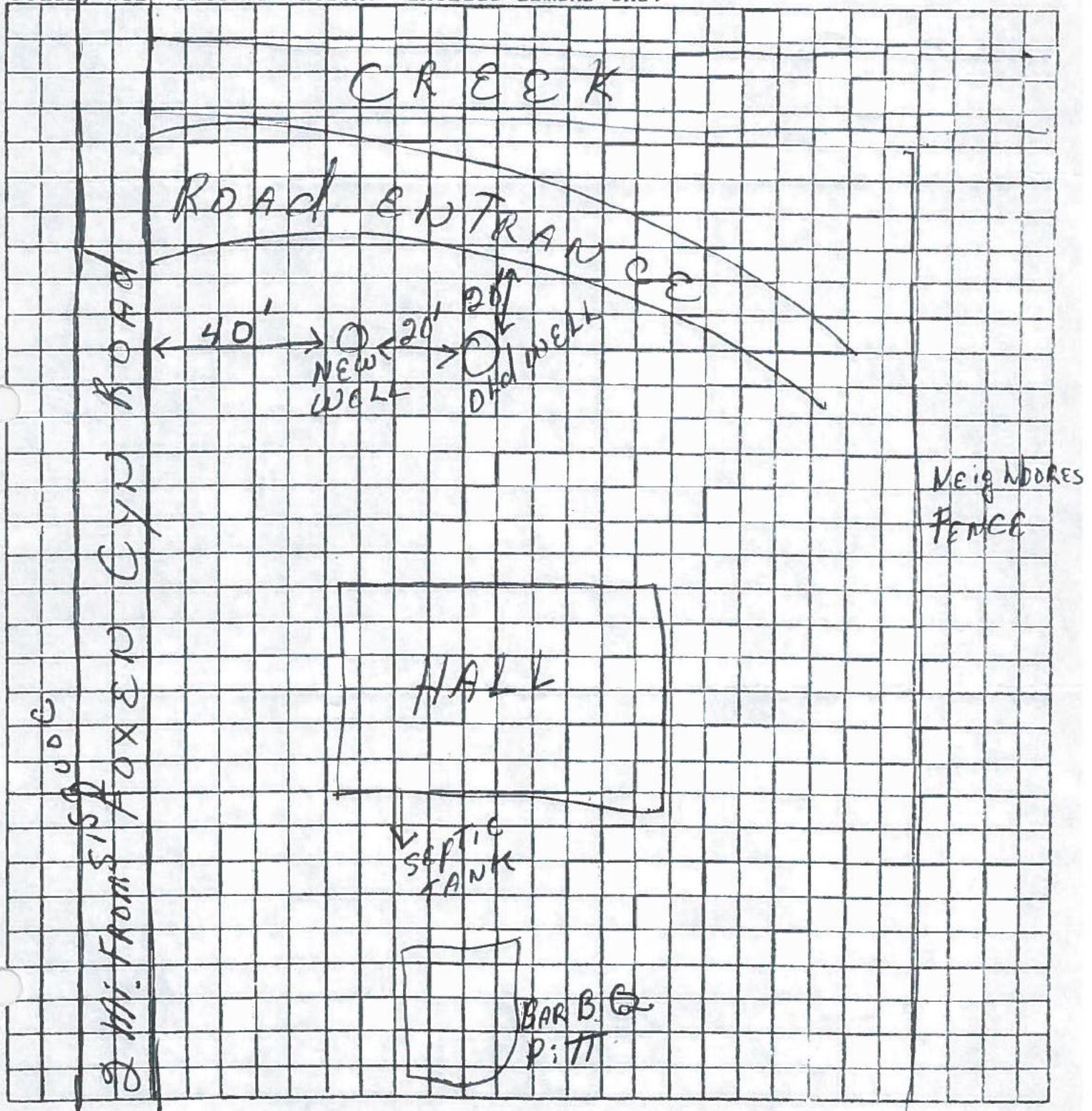
- A. Location of well in sectionized areas.
Sketch roads, railroads, streams, or other features as necessary.

NORTH	
WEST	EAST
SOUTH	

- B. Location of well in areas not sectionized.
Sketch roads, railroads, streams, or other features as necessary.
Indicate distances.

WELL PERMIT APPLICATION
Plot Plan
Scale: 1/4" = 20'

Indicate below the exact location of the well with respect to the following items within 200' of the well: Property lines, sewers and private sewage systems, water bodies on watercourses; drainage pattern, existing wells, access roads, well site elevation. Include dimensions.





COUNTY OF SANTA BARBARA • HEALTH CARE SERVICES

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

LAWRENCE HART, M.D., M.P.H.
DIRECTOR

EDWARD L. EVERETT
Environmental Health Director

Date: November 7, 1973

Sisquoc Grange Hall
Rt 1 Box 140C
Santa Maria, CA 93454

Re: Water Well Permit No. 992

AP #129-210-20

Gentlemen:

☒ This department has reviewed the construction, modification, abandonment or destruction of the water well located on the subject property and has determined said work to have been performed in compliance with the requirements of the County Water Well Ordinance.

Comments _____

☐ This department has reviewed the construction, modification, abandonment or destruction of the water well located on the subject property and has determined that said work was NOT PERFORMED in compliance with the requirements of the County Water Well Ordinance. No clearance can be granted by this department until the following is completed: _____

If any additional information pertinent to this matter is desired, please contact me at the below-designated Health Center.

/s/ Arnold Zwicky
Departmental Representative

cc: T. McCormick

MAIN OFFICE

☐
4440 Calle Real
Santa Barbara, CA 93110
(805) 964-8848

BRANCH OFFICES

☐
500 West Foster Rd.
Santa Maria, CA 93454
(805) 937-6365

☐
100 East Locust Ave.
Lompoc, CA 93436
(805) 736-5621

☐
1745 Mission Dr.
Solvang, CA 93463
(805) 683-5544

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH DEPARTMENT
WELL PERMIT FIELD INVESTIGATION RECORD

Permit No. 0992

Page of pages

Well Permit Application Received: Date 10/31/77

Site Investigation: By Arnold Jucily Date 11/1/77

Findings: Proposed site has more than adequate setback
from sewage disposal on property or neighboring property.
Site is on high ground with good drainage. Old well is in
a poorly abandoned condition at this time.

Application Reviewed and Approved: By Arnold Jucily Date 11/1/77

Work Investigation Record 12/7/77

Findings: Old well should have plate welded on casing. Recommended
destruction of old well. Close and sealing of new well.
Wit bridge had been unblocked. Adequate seal to approximately
50' rather than 20' as proposed.
11/7/78 Received well log

Final Inspection and Approval/Denial: By Arnold Jucily Date 11/7/78

Notice of Work Acceptance/Rejection Sent to Well Owner On / /

William Douglas Clay
5825 Foxen Canyon Road

February 1, 2001

Santa Maria, CA 93454
Attention Doug Clay

Project Name Res.: 5825 Fox Cyn Rd

PO # N/A

lab1v3 08 008

Analytical Result Report

Laboratory ID 01-0083-001 **QC Batch**

Prep Batch

Sample ID Domestic Water Well #1
APN# 129-210-020-9

Analysis Nitrite-N (dw)
Matrix Drinking Water

Ref # EPA 354.1
Instrument Sub

Date Sampled 01/23/2001 07:13
Date Prepared 01/24/2001

Date Received 01/23/2001 09:00
Date Analyzed 01/24/2001

ANALYTE

Nitrite as N

RESULT

ND

POL

50

MDL

UNIT

µg/l

DIL

1

MCL

1000

Analyzed by D-TEK Analytical Laboratories.

California Certification No. 1544

Approved 

January 22, 2001

(b) (6)

PO # N/A

lab2v3 08 008

Analytical Result Report

Analysis Nitrate-N/NO3 (dw)

Ref # EPA 353.3

Matrix Drinking Water

Instrument ID Sub

Date Sampled 01/09/2001 08:00

Date Received 01/09/2001 08:35

Date Prepared 01/11/2001

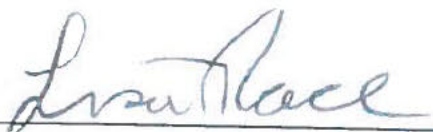
Date Analyzed 01/11/2001

<u>LAB ID /</u>	<u>SAMPLE ID /</u>			<u>DILUTION</u>		
<u>QC BATCH</u>	<u>PREP BATCH</u>	<u>ANALYTE</u>	<u>RESULT</u>	<u>POL</u>	<u>MDL UNITFACTOR</u>	<u>MCL</u>
01-0027-001	Domestic Water Well #1	Nitrate as N	1.9		mg/l 1	10
		Nitrate as NO3	8.40		mg/l 1	45

Analyzed by D-TEK Analytical Laboratories

California Certification No. 1544

Approved



January 15, 2001

(b) (6)

PO # N/A

lab1v3.08 008

Analytical Result Report

Laboratory ID 01-0027-001 **QC Batch**

Prep Batch

Sample ID Domestic Water Well #1

APN# 129-210-020-9

Analysis Nitrate-N/NO3 (dw)

Matrix Drinking Water

Ref # EPA 353.3

Instrument Sub

Date Sampled 01/09/2001 08:00

Date Received 01/09/2001 08:35

Date Prepared 01/11/2001

Date Analyzed 01/11/2001

ANALYTE

RESULT

PQL

MDL

UNIT

DIL

MCL

Nitrate as NO3

8.40

mg/l

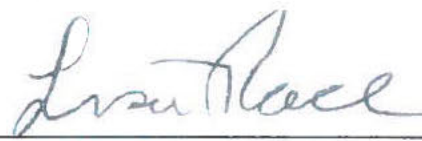
1

45

Analyzed by D-TEK Analytical Laboratories.

California Certification No. 1544

Approved



CHEMUS Environmental, Inc.
330 West Carmel Lane
Santa Maria, California 93454

P.O. Box 7439
Santa Maria, California 93456-7439

Phone: (805) 346-1766
Fax: (805) 346-1767

CHAIN OF CUSTODY

Page 1 of 1

CLIENT INFORMATION

PROJECT INFORMATION

ANALYSIS REQUESTED

TAT REQUESTED

(b) (6)

Residence: 5825 Foxglove Rd
Project Name: APN # 129-210-020-9

Project Manager: Doug Clark

Contract/P.O. No.

- ☐ 1 Day
☐ 2 Day
☒ 3 Day
☐ Standard (10 days)
☐ Arrangement

REMARKS

Quantity

Preserv.

Time

SAMPLE DESCRIPTION

LAB ID NUMBER

CL-0083-1 DOMESTIC WATER WELL #1

1/23/01

7:13am

DW

UP

1/25ml

X

Alfite

SPECIAL INSTRUCTIONS/COMMENTS:

- ☐ Phone Results
☒ Fax Results

MAX RESULTS; HARD COPY VIA US POSTAL

SAMPLE RECEIPT

Y/N Received Intact

Y/N Received Cold

Y/N Correct Preservation

Y/N Custody Seal

Subcontract Lab:

Method of Shipment:

Client Contact

Quote No.:

Mileage:

Man Hours:

SAMPLED BY: (Signature, Company)

Date: 1/23/01 Time: 7:13 am

REINQUIRED BY: (Signature, Company)

Date: 1/23/01 Time: 9:00 am

RELINQUISHED BY: (Signature, Company)

Date:

RECEIVED BY: (Signature, Company)

Date:

RECEIVED BY: (Signature, Company)

Date:

RECEIVED FOR LABORATORY BY:

Date: 1-23-01 Time: 0900

* SAMPLES RECEIVED AFTER 1:00PM WILL BE CONSIDERED RECEIVED 3:00AM THE FOLLOWING DAY



ENVIRONMENTAL

ANALYTICAL CHEMISTS

GENERAL MINERAL, PHYSICAL, INORGANIC, & RADIOLOGICAL CHEMICAL ANALYSES

Date of Report: September 27, 1999

Sample ID No. SP 907617-01

Laboratory

Signature Lab

Name: FGL Environmental

Director:

Name of Sampler: Jamie Johnson

Employed By: FGL Environmental

Date/time Sample

Date/Time Sample

Date Analyses

Collected: 09/08/1999-1100 Rec. @ Lab: 09/08/1999-1350 Completed: 09/23/1999

System

System

Name: Sisquoc Grange/Doug Clay

Number:

Name or Number of Sample Source: Well

User ID:

Station Number:

Date/Time of Sample: 9 9 0 9 0 8 1 1 0 0

Laboratory Code: 5 8 6 7

Y Y M M D D T T T T

Submitted by: FGL Environmental

Phone #(805) 659-0910

GENERAL MINERAL & PHYSICAL CHEMICALS

MCL	UNITS	CHEMICAL	ENTRY	RESULT	DLR
	mg/L	Total Hardness (as CaCO ₃)	00900	638	7.0
	mg/L	Calcium (Ca)	00916	132	1
	mg/L	Magnesium (Mg)	00927	75	1
	mg/L	Sodium (Na)	00929	62	1
	mg/L	Potassium (K)	00937	3	1
	meq/L	Total Cations		15.5	
	mg/L	Total Alkalinity (as CaCO ₃)	00410	260	10
	mg/L	Hydroxide (OH)	71830	ND	10
	mg/L	Carbonate (CO ₃)	00445	ND	10
	mg/L	Bicarbonate (HCO ₃)	00440	320	10
* +	mg/L	Sulfate (SO ₄)	00945	433	2.0
* +	mg/L	Chloride (Cl)	00940	37	1
45	mg/L	Nitrate (NO ₃) → RETESTED 1-9-01	71850	49.4	0.4
1.4-2.4	mg/L	Fluoride (F)	00951	0.3	0.1
	meq/L	Total Anions		16.1	
** +	Std Units	pH (Laboratory)	00403	7.2	0.10
*** +	umhos/cm2	Specific Conductance (E.C.)	00095	1350	1
	mg/L	Total Filterable Residue at 180 °C (TDS)	70300	1030	40
15	Units	Apparent Color (Unfiltered)	00081	ND	5.0
3	TON	Odor Threshold at 60 °C	00086	ND	1
5	NTU	Lab Turbidity	82079	0.2	0.2
0.5	mg/L	MBAS	38260	ND	0.10

MCL - Maximum Contaminate Level

DLR - Detection Limit for Reporting purposes

ND - Not Detected at or above DLR

* 250-500-600

** 900-1600-2200

*** 500-1000-1500

+ Indicates Secondary Drinking Water Standards

This report package is not intended for use in the State of Utah unless bound or paginated

Corporate Offices & Laboratory
PO Box 272 / 853 Corporation Street
Santa Paula, CA 93061-0272
TEL: 805/659-0910
FAX: 805/525-4172
CA EL AP Certification No. 1879

Office & Laboratory
2500 Stagecoach Road
Stockton, CA 95215
TEL: 209/942-0181
FAX: 209/942-0423
CA EL AP Certification No. 1553

Field Office
Visalia, CA
TEL: 359/734-9473
FAX: 359/734-0435
Mobile: 559/737-2399

REGULATED INORGANIC CHEMICALS

Page 2 for SP 907617-01

MCL	UNITS	CHEMICAL	ENTRY	RESULT	DLR
1000	ug/L	Aluminum	01105	ND	10
6	ug/L	Antimony	01097	ND	1.0
50	ug/L	Arsenic	01002	ND	2
1000	ug/L	Barium	01007	20.9	0.2
4	ug/L	Beryllium	01012	ND	0.2
5	ug/L	Cadmium	01027	ND	0.2
50	ug/L	Chromium (Total Cr)	01034	ND	1
1000 +	ug/L	Copper	01042	ND	50
300 +	ug/L	Iron	01045	90	50
50	ug/L	Lead	01051	0.5	0.2
50 +	ug/L	Manganese	01055	ND	30
2	ug/L	Mercury	71900	ND	0.2
100	ug/L	Nickel	01067	ND	1
50	ug/L	Selenium	01147	6	2
50	ug/L	Silver	01077	ND	1
2	ug/L	Thallium	01059	ND	0.2
5000	ug/L	Zinc	01092	ND	50

ADDITIONAL INORGANIC CHEMICALS

MCL	UNITS	CHEMICAL	ENTRY	RESULT	DLR
	mg/L	Boron	01020	0.2	0.1
	mg/L	Langelier Index Source Temp	71814	0.2	0.1
	mg/L	Sodium Adsorption Ratio (SAR)	00931	1	1
		Aggressiveness Index	82383	12.1	0.10

MCL - Maximum Contaminate Level

DLR - Detection Limit for Reporting purposes

ND - Not Detected at or above DLR

+ Indicates Secondary Drinking Water Standards

JAN 7 1969

9w/32w-17K2
WATER WELL DRILLERS REPORT

(Sections 7079, 7080, 7081, 7082, Water Code)

THE RESOURCES AGENCY OF CALIFORNIA
DEPARTMENT OF WATER RESOURCES

Do Not Fill In

N^o 38156

State Well No.

Other Well No.

(11) WELL LOG:

Total depth 202 ft. Depth of completed well 202 ft.

Formation: Describe by color, character, size of material, and structure

ft. to ft.

0	to	1	Soil
1	98		Yellow clay & rock
98	128		Yellow sandy clay
128	138		Course sand & gravel
138	146		Yellow clay
146	151		Course sand & gravel
151	169		Yellow clay
169	178		Yellow clay & gravel
178	194		Sand & gravel
194	202		Yellow sandy clay

(2) LOCATION OF WELL:

County Santa Barbara

Owner's number, if any

Township, Range, and Section T-9, N, R-32-W, Section 17

Distance from cities, roads, railroads, etc.

(3) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐

If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐Cable ☒Other ☐

(6) CASING INSTALLED:

STEEL:

OTHER:

SINGLE ☒ DOUBLE ☐

If gravel packed

From ft.	To ft.	Diam. in.	Casing or Wall in.	Diameter of Bore in.	From ft.	To ft.
0	202	8"	1 1/4"			

Size of shoe or well ring: 8 x 6, x 1/2

Size of gravel:

Describe joint Welded

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen Mills

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.
132	138	4	2	1/4 x 2
148	151	4	2	1/4 x 2
180	194	4	2	1/4 x 2

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☐ No ☒ To what depth ft.Were any strata sealed against pollution? Yes ☐ No ☒ If yes, note depth of strata

From ft. to ft.

From ft. to ft.

Method of sealing

(9) WATER LEVELS:

Depth at which water was first found, if known 128 ft.

Standing level before perforating, if known 63 ft.

Standing level after perforating and developing 63 ft.

(10) WELL TESTS:

Was a pump test made? Yes ☒ No ☐ If yes, by whom? M&W Pump

Flow: 300 gal./min. with 90 ft. drawdown after 16 hrs.

Temperature of water Was a chemical analysis made? Yes ☐ No ☒Was electric log made of well? Yes ☐ No ☒ If yes, attach copy

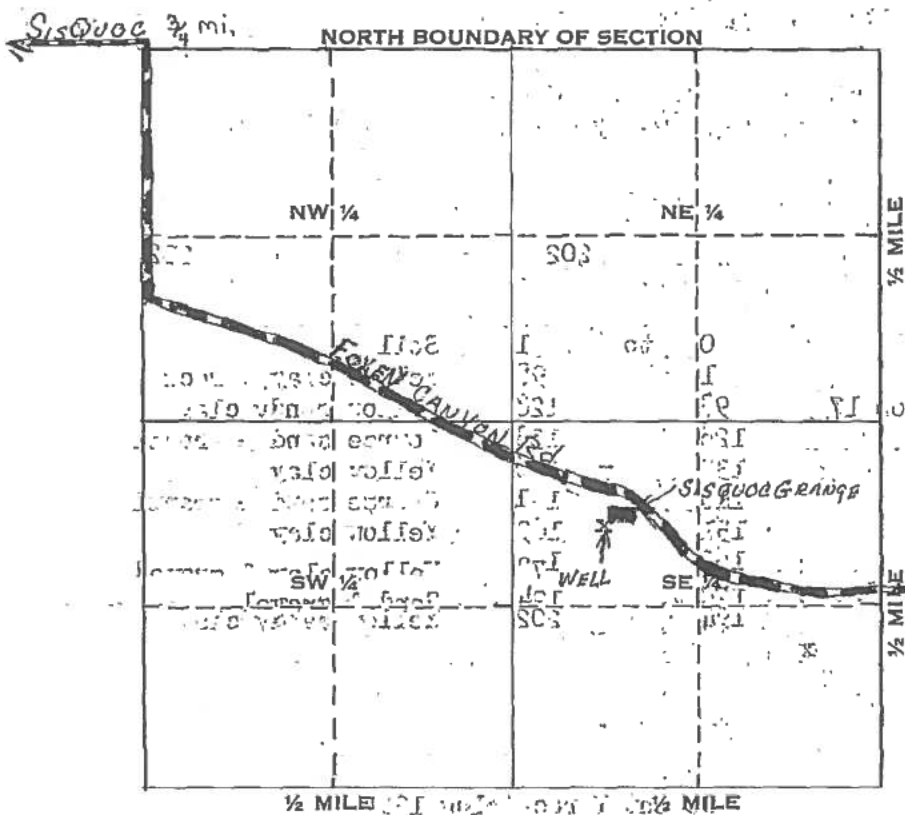
Cement Y rock plug 198'

CONFIDENTIAL - NOT
FOR PUBLIC RELEASE

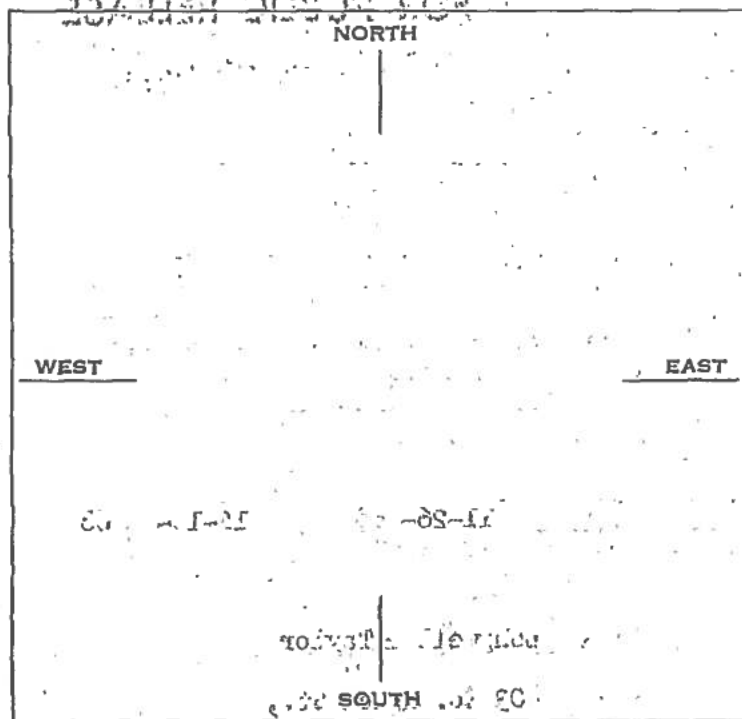
Work started 11-26-68 , Completed 12-18-68

SKETCH LOCATION OF WELL ON REVERSE SIDE

WELL LOCATION SKETCH



- A. Location of well in sectionized areas.
Sketch roads, railroads, streams, or other features as necessary.

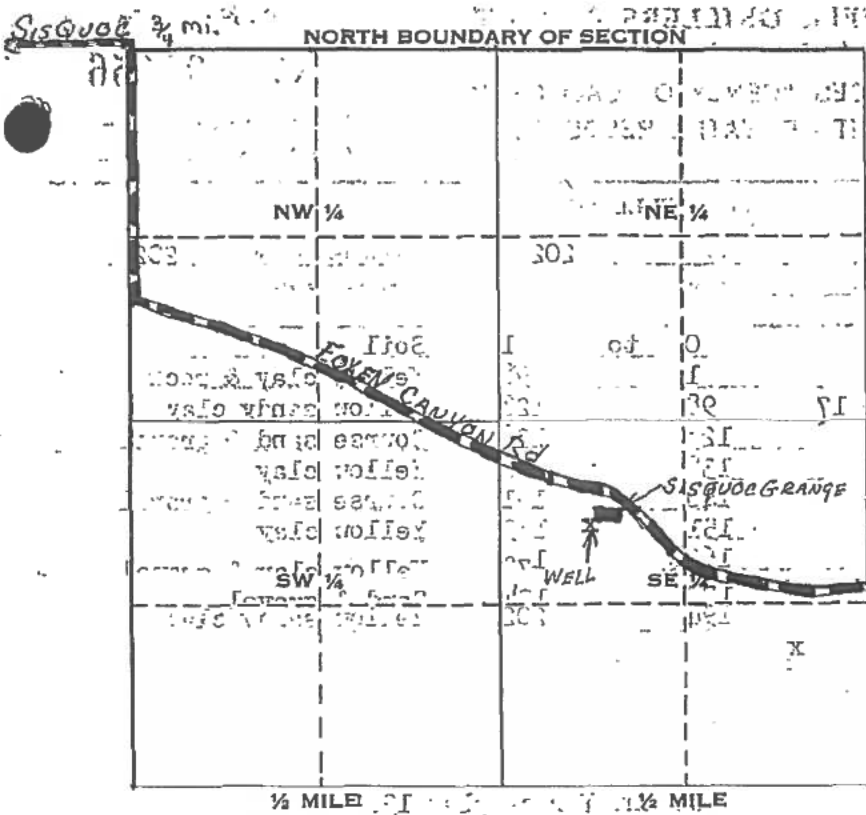


- B. Location of well in areas not sectionized.
Sketch roads, railroads, streams, or other features as necessary.
Indicate distances.

RECEIVED
DEC 31 7 42 AM '68
SO. DIST. MAIL ROOM
DEPT. OF WATER RESOURCES

WELL LOCATION SKETCH

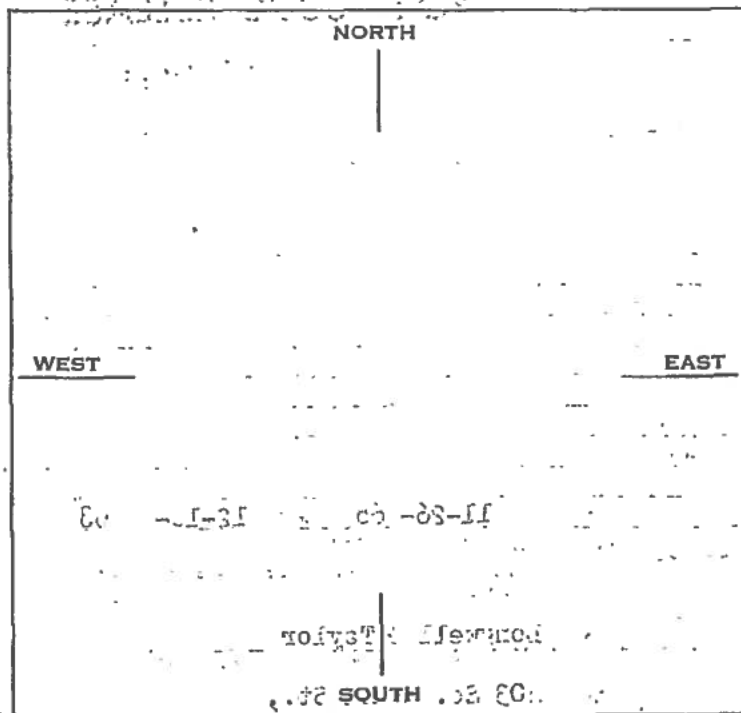
38156



Township 9 N/R
Range 32 E/W
Section No. 17 K

Los Olivos - 18 mi.

A. Location of well in sectionized areas.
Sketch roads, railroads, streams, or other features as necessary.



B. Location of well in areas not sectionized.
Sketch roads, railroads, streams, or other features as necessary.
Indicate distances.

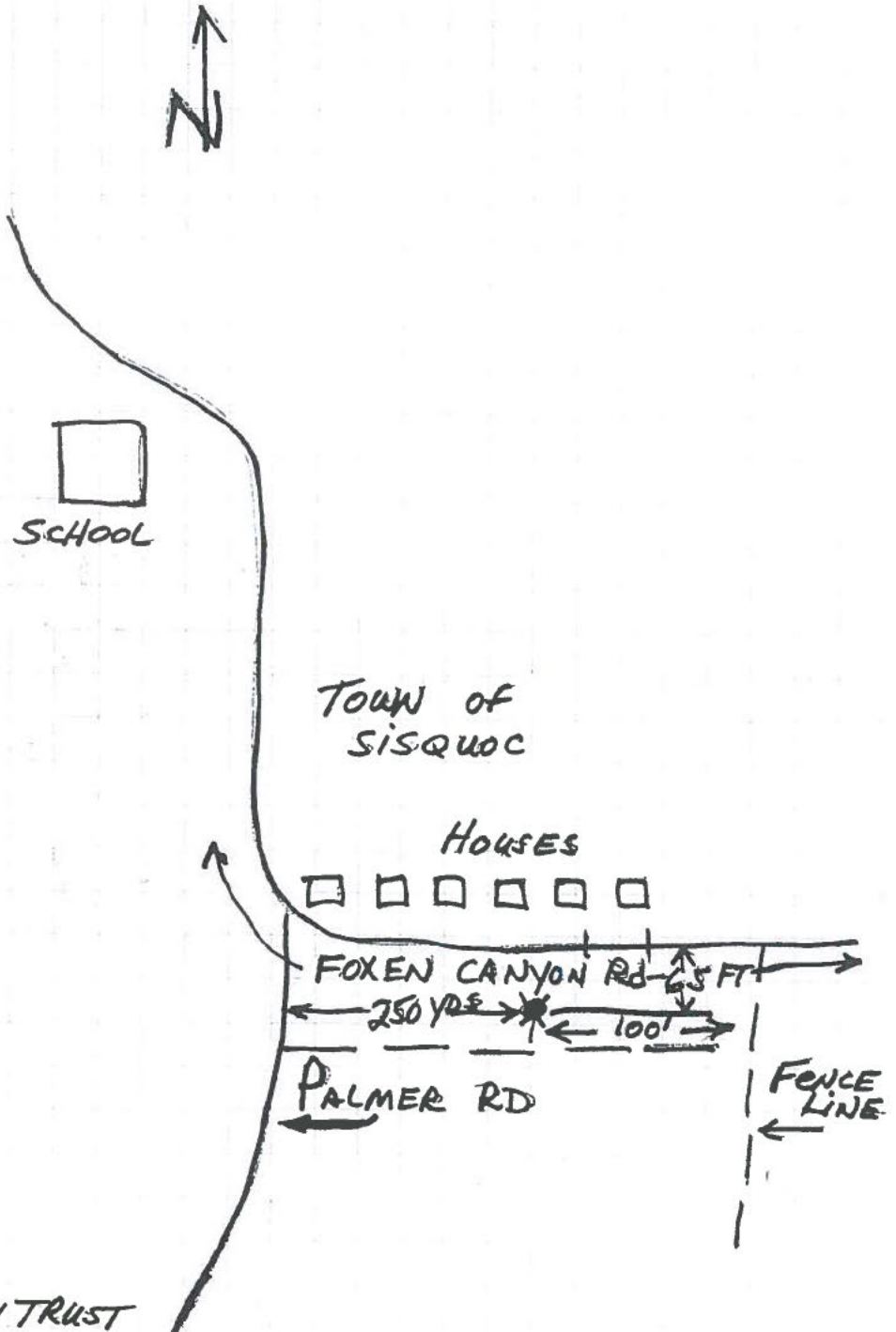
RECEIVED
DEC 31 7 42 AM '68
DEPT. OF WATER RESOURCES
60. DIST. MAIL ROOM

9N 32W 18

WELL PERMIT APPLICATION

Plot Plan ($\frac{1}{4}'' = 20'$)Permit No. **#568**
Page 2 of 2

Indicate below the exact location of the proposed well with respect to the following items: Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation. Include dimensions.

HEDGPETH FAMILY TRUST

(Jim Clendenen)

APN 129-210-001

T-9N, R-32W, Section 18



Steven A. Escoboza
Director

Roger E. Heroux
Assistant Director

Elliot Schulman, M.D.
Health Officer
August 21, 1997

Jim Clendenen
Hedgpeth Family Trust
PO Box 113
Los Olivos, CA 93441

Dear Mr. Clendenen:

Subject: **Completion Report for Water Well Permit #568**
 (Assessor's Parcel Number 129-210-001)

This Department has reviewed the construction of the subject water well as related to the approval of the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County Water Well Ordinance.

If water from this well is intended to be utilized for domestic or drinking purposes, it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes which requires potable water for human consumption or use.

Please contact the undersigned at the office indicated on this letterhead if you have any questions or if you need a Water Permit Application and a copy of the instructions for completing the form and for providing the necessary specifications on the system.

Sincerely,

James R. Hamlin, R.E.H.S.
Senior Environmental Health Specialist

JRH:jrt
WCOMPLETION.LTR

pc: Assessor's Office

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date 6/26/97

Site Investigation By A. Hamlin Date 6/25/97

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines _____ | <input type="checkbox"/> Animal Enclosure <u>OVER 100' AWAY</u> |
| <input type="checkbox"/> Sewer Lines _____ | <input type="checkbox"/> Creek or Watercourse _____ |
| <input type="checkbox"/> Leach Field _____ | <input type="checkbox"/> Petroleum Tank or Pipeline _____ |
| <input type="checkbox"/> Cesspool/Drywell _____ | <input type="checkbox"/> Other _____ |

NO PROBLEMS NOTED WITH SET BACK REQUIREMENTS

Application Reviewed and Approved: By A. Hamlin Date 6/26/97

Work Investigation Record

Date 6/30/97

Well Site #: 1

Casing Information

Borehole

Type: Steel ☐ PVC ☐ Other ☐

Total Depth of Well: _____

Class/Gage/NSF: _____

CONDUCTOR
Annular Seal Depth: 50'

ASTM#: _____

CONDUCTOR
Well Bore Diameter: 38"

Diameter: _____ Total Depth: _____

Sealing Material: 6 SACK CEMENT

Casing Schedule

Amount: 10 YARDS

0' - 50' =	Conductor Steel
0 - 160 =	PVC
160 - 360 =	PVC Per Slot
360 - 379 =	PVC
_____ =	_____
_____ =	_____
_____ =	_____

SEE WELL CONNECTION REPORT NO. 478203

Method of Pour: PUMPED

Use of Tremie: YES

Driller(s): FLOYD WELLS INC.

Comments: _____

Final Inspection and Approval/Denial: By A. Hamlin Date 8/20/97

Notice of Work Acceptance/Rejection Sent to Well owner On 8/20/97

ORIGINAL
File with DWR

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

CC303
Do Not Fill In

No 106973

State Well No. 9N/32W

Other Well No.

34.557227 -120.287233 9N/32W-18F

(11) WELL LOG:

Total depth 247' ft. Depth of completed well 245' ft.

Formation: Describe by color, character, size of material, and structure

ft. to ft.

(2) LOCATION OF WELL:

County Santa Barbara Owner's number, if any #1

Township, Range, and Section T-9-N, R-32-W, Sec. 18

Distance from cities, roads, railroads, etc. 1/2 mile Southeast of Sisquoc

See attached log

(3) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐

If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐

Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☒

Cable ☐

Other ☐

(6) CASING INSTALLED:

STEEL: OTHER:

SINGLE ☒ DOUBLE ☐

If gravel packed

From ft.	To ft.	Diam. in.	Gage or Wall in.	Diameter of Bore in.	From ft.	To ft.
0'	245'	12 3/4"	28 1/2"	24"	0'	245'

of shoe or well ring:

Size of gravel:

Describe joint Butt welded

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.
48'	71'	12	2	125" x 2 1/2"
91'	151'	"	"	" "
171'	193'	"	"	" "
203'	235'	"	"	" "

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☐ No ☒ To what depth ft.

Were any strata sealed against pollution? Yes ☐ No ☒ If yes, note depth of strata

From ft. to ft.

From ft. to ft.

Method of sealing

Work started 10-2-74 19 Completed 10-9-74 19

(9) WATER LEVELS:

Depth at which water was first found, if known ft.

Standing level before perforating, if known ft.

Standing level after perforating and developing 66' ft.

(10) WELL TESTS:

Was pump test made? Yes ☒ No ☐ If yes, by whom? Floyd V. Wells

1260 GPM x1./min. with @ 121' drawdown after hrs.

Temperature of water Was a chemical analysis made? Yes ☐ No ☒

Was electric log made of well? Yes ☐ No ☒ If yes, attach copy

SKETCH LOCATION OF WELL ON REVERSE SIDE

Sisquoc quad.

ORIGINAL
File with DWRSTATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do Not Fill In

No 106973

State Well No. _____
Other Well No. _____

(1) OWNER:

Name Robert N. Woods
Address P.O. Box 491, Santa Maria, CA 93454

(2) LOCATION OF WELL:

County Santa Barbara Owner's number, if any #1
Township, Range, and Section T-9-N, R-32-W, Sec. 18
Distance from cities, roads, railroads, etc. 1/2 mile Southeast of Sisquoc

(3) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐
If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☒
Cable ☐
Other ☐

(6) CASING INSTALLED:

STEEL: _____ OTHER: _____
SINGLE ☒ DOUBLE ☐

If gravel packed

From ft.	To ft.	Diam. in.	Gage or Wall in.	Diameter of Bore in.	From ft.	To ft.
0'	245'	12 3/4"	281"	24"	0'	245'

Size of shoe or well ring:

Size of gravel:

Describe joint Butt welded

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.
48'	71'	12	2	125" X 2 1/2"
91'	151'	"	"	"
171'	193'	"	"	"
203'	235'	"	"	"

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☐ No ☒ To what depth _____ ft.Were any strata sealed against pollution? Yes ☐ No ☒ If yes, note depth of strata _____

From _____ ft. to _____ ft.

From _____ ft. to _____ ft.

Method of sealing _____

(9) WATER LEVELS:

Depth at which water was first found, if known _____ ft.

Standing level before perforating, if known _____ ft.

Standing level after perforating and developing 66' ft.

(10) WELL TESTS:

Was pump test made? Yes ☒ No ☐ If yes, by whom? Floyd V. Wells1260 GPM gal./min. with 121' drawdown after _____ hrs.Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒Was electric log made of well? Yes ☐ No ☒ If yes, attach copy _____

(11) WELL LOG:

Total depth 247' ft. Depth of completed well 245' ft.

Formation: Describe by color, character, size of material, and structure

ft. to

ft.

See attached log

Work started 10-2-74 19____. Completed 10-9-74 19____

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Floyd V. Wells, Inc.

(Person, firm, or corporation) (Typed or printed)

Address P.O. Box 1007, Santa Maria, CA 93454

[SIGNED] _____

(Well Driller)

License No. C57-229-570Dated November 21, 1974 19____

SKETCH LOCATION OF WELL ON REVERSE SIDE

WELL LOG

Owner : Robert N. Woods
Rig : Rotary No. 5
Location : R-32-W, T-9-N, Sec. 18 - Sisquoc
Surface Pipe : None
Casing : 12 3/4", .281 wall 12-roll per .125 mesh
Blank casing, 0' to 48', 71' to 91', 151'
to 171', 193' to 203', 235' to 245'
Perforations : 48' to 71', 91' to 151', 171' to 193',
203' to 235'
Well Started : October 2, 1974
Well Completed : October 9, 1974
Formation : From 0' to 7' Brown sand
From 7' to 35' Yellow clay w/gravel imbedded
From 35' to 63' Coarse sand w/gravel
From 63' to 85' Yellow sandy clay
From 85' to 100' Gray clay w/some gravel
From 100' to 130' Coarse sand and gravel
From 130' to 153' Boulders w/some coarse sand
From 153' to 190' Coarse sand w/some brown clay
From 190' to 235' Fine sand and gravel
From 235' to 247' Brown clay

DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do Not Fill In

No. 82386

ORIGINAL
File with DWR

State Well No. _____
Other Well No. _____

(1) OWNER:

Name Elsie Teixeira
Address 2600 Bonita Lateral Rd.
Santa Maria, Ca.

(2) LOCATION OF WELL:

County Santa Barbara Owner's number, if any _____
Township, Range, and Section T-9-N, R-32-W
Distance from cities, roads, railroads, etc. Section 18

(3) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐

If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☒
Other ☐

(6) CASING INSTALLED:

STEEL: ☒ SINGLE ☐ DOUBLE
OTHER: ☐

If gravel packed

From ft.	To ft.	Diam.	Box or Wall	Diameter of Bore	From ft.	To ft.
0	385	8	1/4			

Size of shoe or well ring: 8x6x5/8

Size of gravel: _____

Describe joint: Welded

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen Mills

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.
370	380	4	2	1/4 x 2

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☒ No ☐ To what depth 31 ft.

Were any strata sealed against pollution? Yes ☒ No ☐ If yes, note depth of strata _____

From 0 ft. to 31 ft.

From _____ ft. to _____ ft.

Method of sealing Cement grout

(9) WATER LEVELS:

Depth at which water was first found, if known 147 ft.

Standing level before perforating, if known 147 ft.

Standing level after perforating and developing 147 ft.

(10) WELL TESTS:

Bailed 58 gpm

Was pump test made? Yes ☐ No ☒ If yes, by whom? 4 hrs.

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

Was electric log made of well? Yes ☐ No ☒ If yes, attach copy _____

(11) WELL LOG:

Total depth 385 ft. Depth of completed well 385 ft.

Formation: Describe by color, character, size of material, and structure

ft.	ft.
0 - 4	Adobe & rock
4 - 38	Brown clay & rock
38 - 127	Yellow clay & rock
127 - 143	Yellow clay
143 - 177	Sand, clay & rock
177 - 180	Sand & gravel
180 - 192	Sandy clay
192 - 202	Yellow clay
202 - 205	Course sand & gravel
205 - 232	Yellow clay
232 - 235	Sand & gravel
235 - 244	Sandy clay
244 - 246	Sand & gravel
246 - 286	Sandy yellow clay
286 - 297	Sand & gravel
297 - 299	Yellow clay
299 - 307	Sand & gravel
307 - 328	Yellow clay
328 - 343	Yellow clay & sand
343 - 368	Clay, sand, some gravel
368 - 380	Fine gravel & sand
380 - 385	Yellow clay

Cement plug 382

Work started 7-6 1976 Completed 8-12 1976

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Longwell & Taylor

(Person, firm, or corporation) (Typed or printed)

Address 403 So. Ranch St.
Santa Maria, Ca.

[SIGNED] Mike Taylor (Well Driller)

License No. 230155-C57 Dated 8-16 1976

SKETCH LOCATION OF WELL ON REVERSE SIDE

WELL LOCATION SKETCH

NORTH BOUNDARY OF SECTION

NW ¼	NE ¼	½ MILE
	X	
SW ¼	SE ¼	½ MILE
½ MILE		

Township 9 N/S

Range 32 E/W

Section No. 18

A. Location of well in sectionized areas.
Sketch roads, railroads, streams, or other features as necessary.

NORTH	
WEST	EAST
SOUTH	

B. Location of well in areas not sectionized.
Sketch roads, railroads, streams, or other features as necessary.
Indicate distances.

RECEIVED

AUG 18 1976

CO. HEALTH DEPT.
SANTA MARIA BRANCH

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH DEPARTMENT
WELL PERMIT FIELD INVESTIGATION RECORD

Permit No. 0511

Page of pages

Well Permit Application Received: Date 6 / 22 / 76

Site Investigation: By David Pierce Date 6 / 23 / 76

Findings: w/ Chuck Vries

6/23/76 Site is suitable no sources of contamination within required radius. Land is vacant w/ gentle slope. Taylor will seal to a minimum of 20' or more if necessary.

Application Reviewed and Approved: By David H. Pierce Date 6 / 23 / 76

Yellow copy of permit was hand delivered 6-23-76.

Work Investigation Record

Findings: 8-9-76 Well drilled w/ 12" bore diameter & 8" casing to 385' WATER LEVEL standing at 147' C₁₂ tube has been

installed in place. Annular space measured 30' 6". Annular space sealed w/ cement/grout. (SAND & CEMENT ONLY)

Well drilled w/ cable tool. — so NO GRAVEL PACK below seal.

Mrs. Taylor will submit well log in a few days. —

Applicant will install submersible pump. AND REQUIRED

HOSEBIB — Sanitary slab if installed around well will be done by owner.

Well log received 8-18-76.

9-1-76 Final site insp seal OK — pump submersible installed, C₁₂ Tube OK

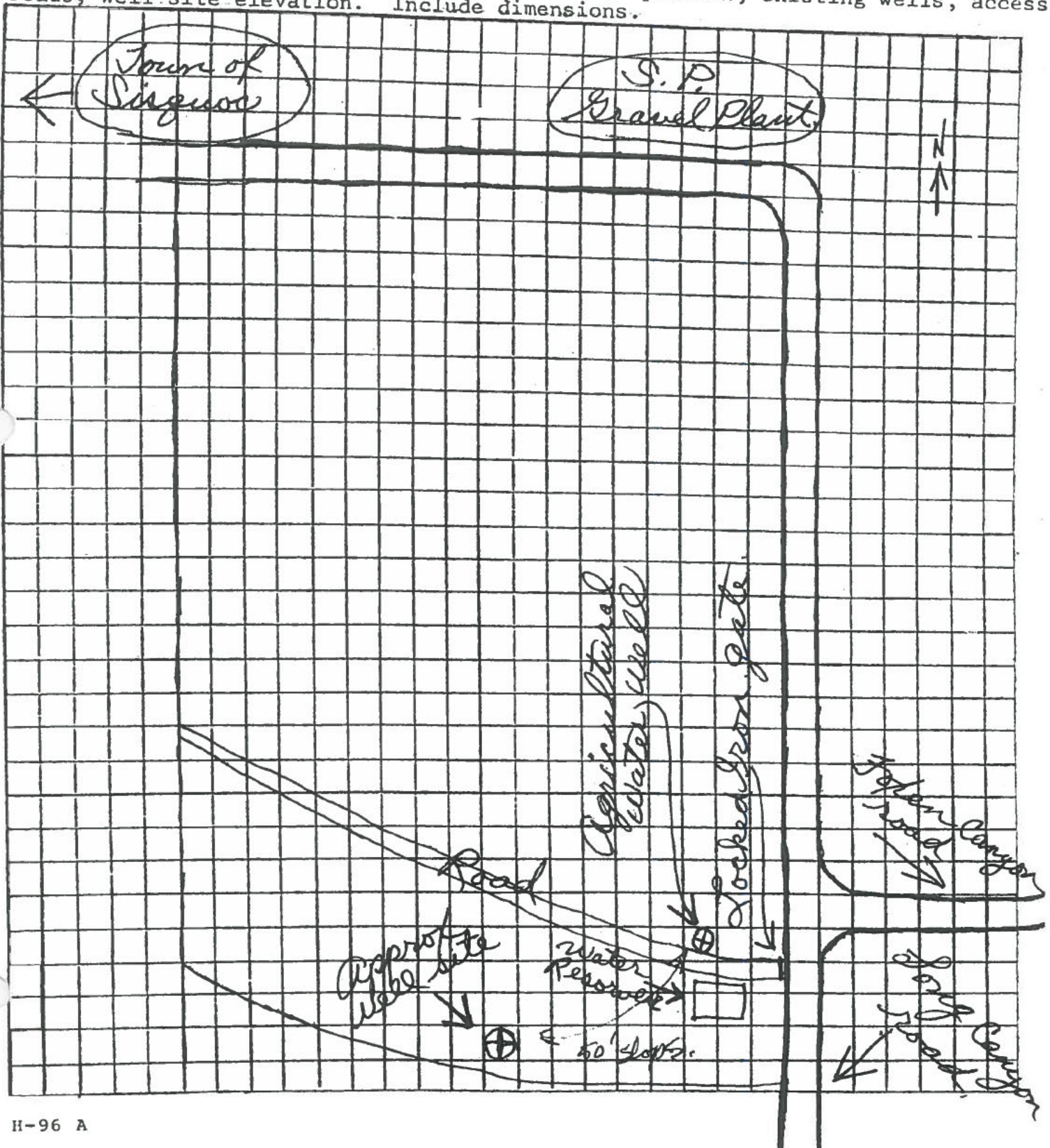
small pressure tank adjacent to system. No hosebib installed at well site yet.

Final Inspection and Approval/Denial: By David H. Pierce Date 9 / 1 / 76

Notice of Work Acceptance/Rejection Sent to Well Owner On 9 / 1 / 76.

WELL PERMIT APPLICATION
Plot Plan
Scale: 1/4" = 20'

Indicate below the exact location of the well with respect to the following items within 200' of the well: Property lines, sewers and private sewage systems, water bodies on watercourses, drainage pattern, existing wells, access roads, well site elevation. Include dimensions.



THORPE LABORATORIES

ANALYTICAL LABORATORIES

MEDICAL

INDUSTRIAL

AGRICULTURAL

1104 VINE STREET -- P.O. BOX 842

PASO ROBLES, CALIFORNIA 93446

PHONE (805) 238-2233

SUBMITTED BY:

SAMPLE DESCRIPTION:

LAB NUMBER : 5384
 COLLECTED : 8-9-76
 RECEIVED : 8-17-76
 REPORTED : 8-23-76
 P.O. NUMBER : Verbal

J. J. Teixeira
 2600 Bonita Lateral Rd.
 Santa Maria, Calif. 93456

Well Sample

WATER ANALYSIS REPORT

CONSTITUENT	REPORTED AS	CONSTITUENT	REPORTED AS
CALCIUM	— mg/l Ca — 82.	REACTION	— pH units — 7.6
MAGNESIUM	— mg/l Mg — 31.	TURBIDITY	— un/ls — 180.
SODIUM	— mg/l Na — 47.	COLOR	— units — 30.
POTASSIUM	— mg/l K — 2.3	ODOR	— units — 41.
ALKALINITY	— mg/l HCO ₃ — 230.	CONDUCTANCE	— EC x 10 ⁶ @ 25°C — 280.
ALKALINITY	— mg/l CO ₃ — none.	HARDNESS, total	— mg/l as CaCo ₃ — 370.
ALKALINITY	— mg/l OH — none.	HARDNESS, total	— gpg " " — 21.6
ALKALINITY	— mg/l TOTAL — 230.	SOLIDS	— TDS, mg/l from EC — 245.
CHLORIDE	— mg/l Cl — 33.	CHLORIDE	— meq/l — 0.9
SULFATE	— mg/l SO ₄ — 340.	SODIUM ABSORPTION	— SAR adj. — 2.6
NITRATE	— mg/l NO ₃ — 17.		
FLUORIDE	— mg/l F — 0.3		
IRON	— mg/l Fe — 1.06	(*) Means— "less than"	
MANGANESE	— mg/l Mn — 0.13	mg/l = milligrams per liter	
BORON	— mg/l B — 0.70	gpg = grains per gallon	

BASED ON THE INTENDED USE WE EVALUATE THE WATER AS:

DOMESTIC USE:

Excellent —

Good —

Fair —

Poor —

Insufficient data —

IRRIGATION USE:

— No problems expected.

— Increasing problems from total mineral and

— boron

— Severe problems from

Evaluation not made —

Our evaluation may not necessarily agree with regulatory agencies or private consultants; however we believe the classification is reasonable based on our experience with area waters. We make no warranty that water quality, as expressed in this report, will satisfy all requirements of any regulatory agency nor agricultural use for a specific crop. Please read the enclosed reference material and if we can be of further service please feel free to phone or come to the lab. All reports are submitted and accepted as the exclusive property of clients. As a mutual protection to clients, the public and ourselves any advertising or publication of reports in whole or part is reserved pending written authorization from these laboratories.

Encl: invoice # Paid

Respectfully submitted,
 THORPE LABORATORIES

By Debra
 D. E. Thorpe, Director

THORPE LABORATORIES

ANALYTICAL LABORATORIES

101 Suburban Road
San Luis Obispo, CA 93401
(805) 543-2553

LAB NUMBER : 5802
COLLECTED : 12-8-76
RECEIVED : 12-8-76
REPORTED : 12-9-76
P.O. NUMBER : Verbal

SUBMITTED BY:

SAMPLE DESCRIPTION:

J. C. Tiexeira
2600 Bonita Lateral Rd.
Santa Maria, CA 93454

Well Sample

WATER ANALYSIS REPORT

CONSTITUENT	REPORTED AS	LEVEL FOUND
-------------	-------------	-------------

IRON	mg/l Fe	0.18
------	---------	------

MANGANESE	mg/l Mn	0.01
-----------	---------	------

Levels found are within acceptable limits.

mg/l—milligrams per liter; essentially the same as parts per million but preferred terminology
(*)—means "less than" and this level is the detection limit as applied to this analysis.

ENCL: Invoice # 2113

RESPECTFULLY SUBMITTED,
THORPE LABORATORIES

BY:

[Signature]

D. E. THORPE, DIRECTOR

QUADRUPLICATE
For Local Requirements

Page 1 of 1

Owner's Well No. 2

Date Work Began 7-7-04, Ended 7-09-04

Local Permit Agency Santa Barbara Co

Permit No. 103292 Permit Date 6-30-04

STATE OF CALIFORNIA

WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. **748800**

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE

LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

ORIENTATION (\angle) ☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE ☐ (SPECIFY)

DRILLING METHOD Rotary FLUID Prod

DESCRIPTION

Describe material, grain size, color, etc.

DEPTH FROM SURFACE Fl. to Ft.	DESCRIPTION
0 90	Brown Sand & Gravel
90 101	Coarse Sand
101 112	Brown Gravel
112 160	Coarse Sand & Gravel
160 168	Coarse Sand
168 179	Brown Clay
179 207	Coarse Sand & Clay Streaks
207 216	Coarse Sand
216 219	Brown Clay
219 242	Sand With Clay Streaks

RECEIVED

AUG 03 2004

ENVIRONMENTAL HEALTH SERVICES

TOTAL DEPTH OF BORING 242 (Feet)
TOTAL DEPTH OF COMPLETED WELL 237 (Feet)

WELL OWNER

Name Marilyn & Herman McDowns

Mailing Address 5444 Foxen Cyn

Santa Maria Calif 93454

STATE ZIP

WELL LOCATION

Address 5444 Foxen Cyn

City Santa Maria Calif 93454

County Santa Barbara Co

APN Book 129-210-005

Township Range Section

Latitude 34 51 38.93 NORTH Longitude 120 16 39.42 WEST

LOCATION SKETCH

ACTIVITY (\angle)

☒ NEW WELL

MODIFICATION/REPAIR

☐ Deepen
☐ Other (Specify)

☐ DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

PLANNED USES (\angle)

WATER SUPPLY
☒ Domestic ☐ Public
☒ Irrigation ☐ Industrial

MONITORING

TEST WELL

CATHODIC PROTECTION

HEAT EXCHANGE

DIRECT PUSH

INJECTION

VAPOR EXTRACTION

SPARGING

REMEDIATION

OTHER (SPECIFY)

Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER 87 (Ft.) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL 87 (Ft.) & DATE MEASURED 7-10-04

ESTIMATED YIELD 10 (GPM) & TEST TYPE Pump

TEST LENGTH 4 (Hrs.) TOTAL DRAWDOWN 6 (Ft.)

* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)					DEPTH FROM SURFACE	ANNULAR MATERIAL							
				TYPE (\angle)				MATERIAL / GRADE		INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	TYPE				
Fl.	to	Ft	BLANK	SCREEN	CON- DUCTOR	FILL PIPE								Fl	to	Ft	CE- MENT (\angle)
0	193		10	X				PVC	5"	3480							
193	233		10	X				PVC	5"	3-480	032		0	30			8 X 16

ATTACHMENTS (\angle)

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analyses
- Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Ron Taylor Drilling

(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS 2801 Mahoney Rd Santa Maria Calif 93455

CITY

STATE ZIP

Signed WELL DRILLER/AUTHORIZED REPRESENTATIVE

DATE SIGNED 7-12-04

C-57 LICENSE NUMBER 523-858

McDerm Family Trust
APN 129-210-005

Permit No. 103292
Page of pages

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date 6/30/04

Site Investigation By K. Cardiel Date 7/7/04

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input type="checkbox"/> Other |

Assessor - OK

Setbacks - OK

Application Reviewed and Approved: By K. Cardiel Date 7/7/04

Work Investigation Record

Date 7/15/04

Well Site #: 1 of 1

Casing Information

Type: Steel ☐ PVC ☒ Other ☐

Borehole

Total Depth of Well: 237'

Class/Gage/NSF: SDR 21

Annular Seal Depth: 30'

ASTM#:

Well Bore Diameter: 11"

Diameter: 5" Total Depth: 237'

Sealing Material: 6-sack cement

Casing Schedule

Amount: 1 yd.³

0'	-	194'	=	Blank
194'	-	234'	=	Perf
234'	-	237'	=	Blank
	-		=	
	-		=	
	-		=	
	-		=	

Method of Pour: Gravity

Use of Tremie: No

Driller(s): Ron Taylor

Comments: Well capped w/pump in place at well seal. R.F.

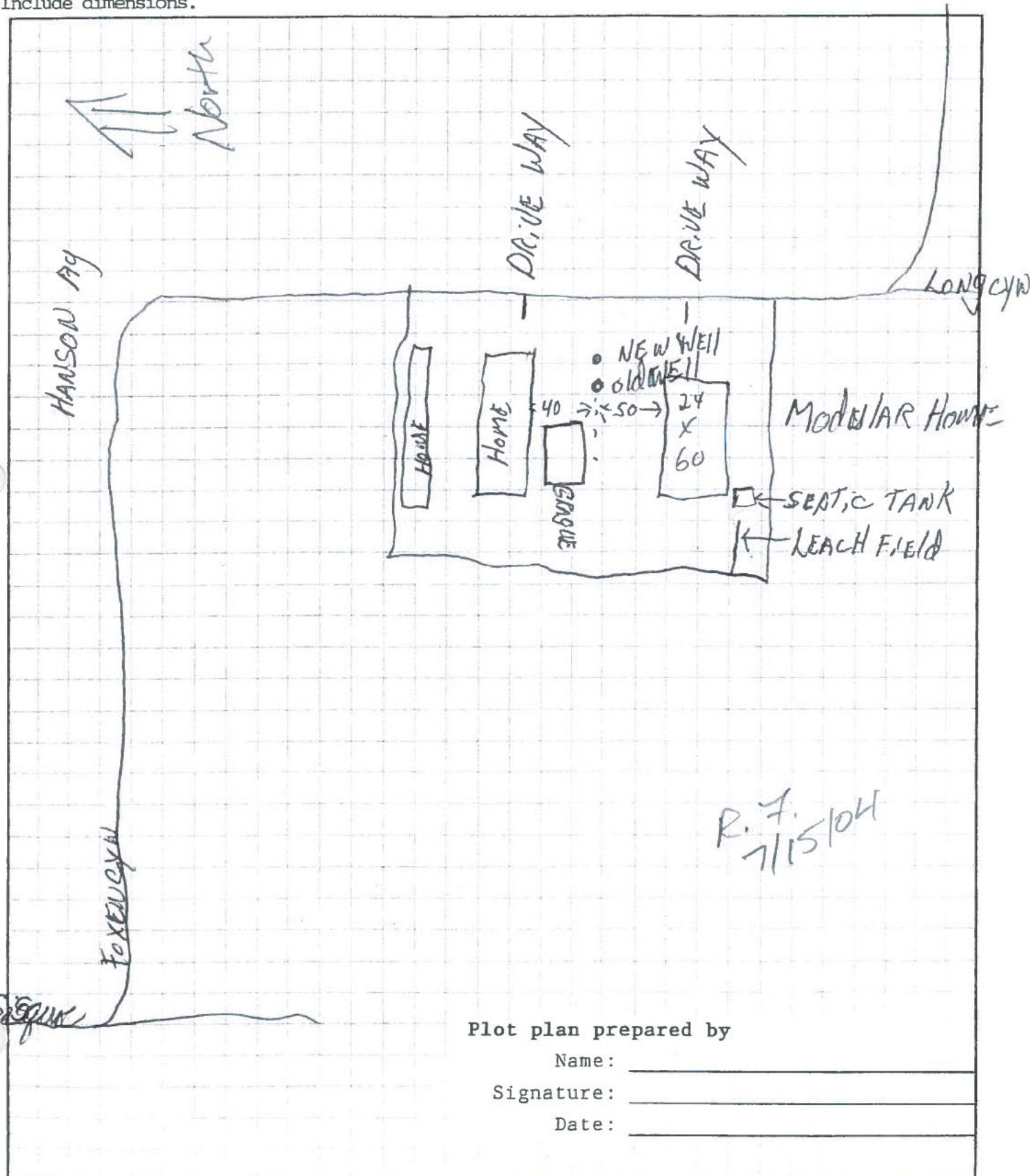
Final Inspection and Approval/Denial: By R. Furtado Date 7/15/04

Notice of Work ~~Acceptance~~/Rejection Sent to Well owner On 7/22/04

N/A - new well is modification of
existing (permitted or legal, non-
conforming) SPWS. R.F.

Plot Plan ($\frac{1}{4}" = 20'$)

Indicate below the exact location of the proposed well with respect to the following items: Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation. Include dimensions.



Plot plan prepared by

Name: _____

Signature: _____

Date: _____

**Sequoia
Analytical**680 Chesapeake Drive
404 N Wiget Lane
819 Striker Avenue, Suite 8Redwood City, CA 94063
Walnut Creek, CA 94598
Sacramento, CA 95834(650) 364-9600
(510) 988-9600
(916) 921-9600FAX (650) 364-9233
FAX (510) 988-9673
FAX (916) 921-0100Cirrus Environmental
3130 Skyway Dr., Ste 403
Santa Maria, CA 93455Client Proj. ID: -
Lab Proj. ID: 9711703Sampled: 11/10/97
Received: 11/11/97
Analyzed: see below

Reported: 11/24/97

Attention: Mike Ng

LABORATORY ANALYSIS

Analyte	Units	Date Analyzed	Detection Limit	Sample Results
Lab No: 9711703-01 Sample Desc: LIQUID,97-1602-1				
Sulfate	mg/L	11/14/97	10	5100

Analytes reported as N.D. were not present above the stated limit of detection.

SEQUOIA ANALYTICAL - ELAP #1210


Mike Gregory
Project Manager

CIRRUS Environmental, Inc.
Analytical & Remediation Services

Page: 1

November 13, 1997

(b) (6)

Project Name Water Well

PO # N/A

Analytical Result Report

Laboratory ID 97-1502-001
Sample ID HMWW-1,2,3,4

Analysis Surfactants, MBAS (dw)
Matrix Drinking Water

Ref # EPA 425.1

Date Sampled 11/10/1997
Date Prepared 11/12/1997

Date Received 11/10/1997
Date Analyzed 11/12/1997

<u>ANALYTE</u>	<u>RESULT</u>	<u>PQL</u>	<u>UNIT</u>	<u>MCL</u>
Surfactants (MBAS)	ND	0.03	mg/l	0.5

ND = Not Detected
PQL = Practical Quantitation Limit
MCL = Maximum Contamination Level

California Certification No. 1544

Approved

Michael

CIRRUS Environmental, Inc.
Analytical & Remediation Services

Page: 1

November 10, 1997

(b) (6)

Project Name Water Well

PO # N/A

Analytical Result Report

Laboratory ID 97-1502-001

Sample ID HMWW-1

Analysis Odor (dw)
Matrix Drinking Water

Ref # EPA 140.1/APHA 2150 B

Date Sampled 11/10/1997

Date Received 11/10/1997

Date Prepared 11/10/1997

Date Analyzed 11/10/1997

<u>ANALYTE</u>	<u>RESULT</u>	<u>PQL</u>	<u>UNIT</u>	<u>MCL</u>
Odor, T.O.N.	ND	1	unit	3

ND = Not Detected

PQL = Practical Quantitation Limit

MCL = Maximum Contamination Level

California Certification No. 1544

Approved

Michael

CIRRUS Environmental, Inc.
Analytical & Remediation Services

Page: 1

November 10, 1997

(b) (6)

Project Name Water Well

PO # N/A

Analytical Result Report

Laboratory ID 97-1502-001

Sample ID HMWW-1

Analysis Turbidity (dw)
Matrix Drinking Water

Ref # EPA 180.1/APHA 2130 B

Date Sampled 11/10/1997

Date Received 11/10/1997

Date Prepared 11/10/1997

Date Analyzed 11/10/1997

<u>ANALYTE</u>	<u>RESULT</u>	<u>PQL</u>	<u>UNIT</u>	<u>MCL</u>
Turbidity	7.9	0.02	NTU	5

ND = Not Detected

PQL = Practical Quantitation Limit

MCL = Maximum Contamination Level

California Certification No. 1544

Approved

Michael

(Signature)

November 11, 1997

(b) (6)

Project Name Water Well

PO # N/A

Analytical Result Report

Laboratory ID 97-1502-001

Sample ID HMWW-1,2,3,4

Analysis Color, unfiltered (dw)
Matrix Drinking Water

Ref # EPA 110.2/APHA 2120 B

Date Sampled 11/10/1997

Date Received 11/10/1997

Date Prepared 11/10/1997

Date Analyzed 11/10/1997

<u>ANALYTE</u>	<u>RESULT</u>	<u>PQL</u>	<u>UNIT</u>	<u>MCL</u>
Color, Apparent	10	1	unit	15

ND = Not Detected

PQL = Practical Quantitation Limit

MCL = Maximum Contamination Level

California Certification No. 1544

Approved

Michael

U

CIRRUS Environmental, Inc.
Analytical & Remediation Services

Page: 1

November 10, 1997

(b) (6)

Project Name Water Well

PO # N/A

Analytical Result Report

Laboratory ID 97-1502-001

Sample ID HMWW-1

Analysis pH (dw)
Matrix Drinking Water

Ref # EPA 150.1

Date Sampled 11/10/1997

Date Received 11/10/1997

Date Prepared 11/10/1997

Date Analyzed 11/10/1997

<u>ANALYTE</u>	<u>RESULT</u>	<u>PQL</u>	<u>UNIT</u>	<u>MCL</u>
pH	7.3	0.1	unit	6.5-8.5

ND = Not Detected

PQL = Practical Quantitation Limit

MCL = Maximum Contamination Level

California Certification No. 1544

Approved

Michael

CIRRUS Environmental, Inc.
Analytical & Remediation Services

Page: 1

November 11, 1997

(b) (6)

Project Name Water Well

PO # N/A

Analytical Result Report

Laboratory ID 97-1502-001
Sample ID HMWW-1,2,3,4

Analysis Chloride (dw)
Matrix Drinking Water

Ref # EPA 325.3

Date Sampled 11/10/1997
Date Prepared 11/11/1997

Date Received 11/10/1997
Date Analyzed 11/11/1997

<u>ANALYTE</u>	<u>RESULT</u>	<u>PQL</u>	<u>UNIT</u>	<u>MCL</u>
Chloride	36	1.0	mg/l	250

ND = Not Detected
PQL = Practical Quantitation Limit
MCL = Maximum Contamination Level

California Certification No. 1544

Approved

Michael

CIRRUS Environmental, Inc.
Analytical & Remediation Services

Page: 1

November 24, 1997

(b) (6)

Project Name Water Well

PO # N/A

Analytical Result Report

Laboratory ID 97-1502-001

Sample ID HMWW-1,2,3,4

Analysis Total Dissolved Solids (dw)
Matrix Drinking Water

Ref # EPA 160.1/APHA 2540 C

Date Sampled 11/10/1997

Date Received 11/10/1997

Date Prepared 11/14/1997

Date Analyzed 11/14/1997

<u>ANALYTE</u>	<u>RESULT</u>	<u>PQL</u>	<u>UNIT</u>	<u>MCL</u>
Total Dissolved Solids	990	10	mg/l	500
Total Dissolved Solids (duplicate)	990	10	mg/l	500

ND = Not Detected

PQL = Practical Quantitation Limit

MCL = Maximum Contamination Level

California Certification No. 1544

Approved

Michael

G

CIRRUS Environmental, Inc.
Analytical & Remediation Services

Page: 1

November 19, 1997

(b) (6)

Project Name Water Well

PO # N/A

Analytical Result Report

Laboratory ID 97-1502-001

Sample ID HMWW-1,2,3,4

Analysis Ag Al Cu Fe Mn Zn (dw)
Matrix Drinking Water

Ref # EPA 200.7

Date Sampled 11/10/1997

Date Received 11/10/1997

Date Prepared 11/12/1997

Date Analyzed 11/16/1997

<u>ANALYTE</u>	<u>RESULT</u>	<u>PQL</u>	<u>UNIT</u>	<u>MCL</u>
Aluminum	0.021	0.002	mg/l	1.0
Copper	0.014	0.002	mg/l	1.0
Iron	ND	0.02	mg/l	0.3
Manganese	0.012	0.005	mg/l	0.05
Silver	ND	0.002	mg/l	0.1
Zinc	0.32	0.001	mg/l	5.0

ND = Not Detected

PQL = Practical Quantitation Limit

MCL = Maximum Contamination Level

California Certification No. 1544

Approved

Michael

CERRUS Environmental, Inc.

3130 Skyway Drive, Suite 403
Santa Maria, California 93455

P.O. Box 7439
Santa Maria, California 93456-7439

Phone: (805) 346-1766
Fax: (805) 346-1767

CHAIN OF CUSTODY

Page 1 of 1

CLIENT INFORMATION

(b) (6)

PROJECT INFORMATION

PROJECT NAME Water Well #
PROJECT MANAGER Herman M. D...
CONTRACT/P.O. #

ANALYSIS REQUESTED

Physical Analysis
Metals, pH, TDS, Chloride
Sulfate
Al, Cu, Fe, Mn, Ag, Zn

TAT REQUESTED

☐ 24 Hr
☐ 48 Hr
☒ Standard
(4 - 10 Days)
☐ Arrangement

REMARKS

*Drinking
Water

LAB ID NUMBER

97-1502-1 HMWW - 1

SAMPLE DESCRIPTION

-2
-3
-4

Date

11-10-97

Time

10:15

Matrix

Liquid NP

Preserv. Quantity

1 Hr HDPE

Quantity

1 Hr HDPE

Analysis

X

Remarks

X

Analysis

X

Analysis

X

Analysis

X

Analysis

X

SPECIAL INSTRUCTIONS/COMMENTS:

☐ Phone Results
☐ Fax Results

SAMPLE RECEIPT
Y/N Received Intact
Y/N Received Cold
Y/N Correct Preservation
Y/N Custody Seal

Subcontract Lab:
Method of Shipment
Client Contact:
Quote No.:
Mileage:

Man Hours:

SAMPLED BY: (Signature, Company)
Shawna Shavel

Date: 11-10-97 Time: 10:15

RELINQUISHED BY: (Signature, Company)

Date: Time:

RELINQUISHED BY: (Signature, Company)

Date: Time:

RECEIVED BY: (Signature, Company)

Date: Time:

RECEIVED BY: (Signature, Company)

Date: Time:

RECEIVED FOR LABORATORY BY:

Date: Time:

File Original with DWR

Page 1 of 1

Owner's Well Number Ranch 3 Plot 5

Date Work Began 07/07/2011

Date Work Ended 7/20/2011

Local Permit Agency Santa Barbara Environmental Health

Permit Number SR107901

Permit Date 7/1/11

Well Completion Report

State of California
Refer to Instruction Pamphlet
No. e0135916

DWR Use Only - Do Not Fill In

State Well Number/State Number

Latitude

Longitude

APN/TRS/Other

Geologic Log

Orientation ☒ Vertical ☐ Horizontal ☐ Angle Specify
Drilling Method Reverse Circulation Rotary Drilling Fluid Fresh Water

Depth from Surface Description
Feet to Feet Describe material, grain size, color, etc

0	6	Top Soil
6	57	Gravel & Rocks
57	66	Clay
66	186	Sand Gravel & Rocks
186	208	Clay
208	235	Gravel
235	248	Clay
248	260	Gravel
260	282	Clay
282	300	Gravel
300	304	Clay
304	319	Gravel
319	324	Clay
324	352	Gravel
352	361	Clay
361	402	Gravel & Sand
402	410	Clay

RECEIVED

AUG 29 RECD

ENVIRONMENTAL HEALTH SERVICES

021 done 7/5/11 by R. Furtado

Total Depth of Boring 410 Feet

Total Depth of Completed Well 410 Feet

Well Owner

Name J.C. & Elsie Teixeira Partnership

Mailing Address 2600 Bonita Lateral Road

City Santa Maria State CA Zip 93458

Well Location

Address 5235 Foxen Canyon Road

City Santa Maria County Santa Barbara

Latitude Dec Min Sec N Longitude Dec Min Sec W

Datum Decimal Lat. 34° 51' 35.12" Decimal Long 120° 16' 45.81"

APN Book 129 Page 210 Parcel 03

Township Range Section

Location Sketch

(Sketch must be drawn by hand after form is printed)



Illustrate or describe distance of well from roads, buildings, fences, rivers, etc. and attach a map. Use additional paper if necessary. Please be accurate and complete.

Activity

- ☒ New Well
- ☐ Modification/Repair
 - ☐ Deepen
 - ☐ Other
- ☐ Destroy

Planned Uses

- ☒ Water Supply
 - ☐ Domestic ☐ Public
 - ☒ Irrigation ☐ Industrial
- ☐ Cathodic Protection
- ☐ Dewatering
- ☐ Heat Exchange
- ☐ Injection
- ☐ Monitoring
- ☐ Remediation
- ☐ Sparging
- ☐ Test Well
- ☐ Vapor Extraction
- ☐ Other

Water Level and Yield of Completed Well

Depth to first water 55 (Feet below surface)

Depth to Static

Water Level (Feet) Date Measured

Estimated Yield (GPM) Test Type

Test Length (Hours) Total Drawdown (Feet)

*May not be representative of a well's long term yield.

Casings

Depth from Surface Feet to Feet	Borehole Diameter (Inches)	Type	Material	Wall Thickness (Inches)	Outside Diameter (Inches)	Screen Type	Slot Size if Any (Inches)
0	20	38	Conductor	Low Carbon Steel	1/4	30	
0	200	28	Blank	Low Carbon Steel	1/4	16	
200	400	28	Screen	Copper Bearing	1/4	16	Louver
400	410	28	Blank	Copper Bearing	1/4	16	0.070

Annular Material

Depth from Surface Feet to Feet	Fill	Description
0	180	Cement 10 Sac Cement
0	190	Gravel Tube 3in
180	410	Filter Pack Lapis # 3 Gravel

Attachments

- ☐ Geologic Log
- ☐ Well Construction Diagram
- ☐ Geophysical Log(s)
- ☐ Soil/Water Chemical Analyses
- ☐ Other

Attach additional information, if it exists

Certification Statement

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief

Name Coast Drilling Inc

Person, Firm or Corporation

PO Box 1308

Grover Beach

CA 93483

Signed Roberto Haylock

City

Date Signed 08/25/2011

State

Zip

C-57 Licensed Water Well Contractor

C-57 License Number 905479

August 31, 2011

JC & Elsie Family Partnership
2600 Bonita Lateral Road
Santa Maria CA 93458

Subject: **Completion Report for Water Well Permit #SR0107901**
(Assessor's Parcel Number: 129-210-003, 5235 Foxen Cyn Rd, SM, CA)

This Department has reviewed the construction of the subject water well as related to the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County.

If water from this well is intended to be utilized for domestic or drinking purposes it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes, which requires potable water for human consumption or use.

Please contact the undersigned if you have any questions or if you need a Water System Permit Application. I can be reached at (805) 346-8480.

Sincerely,



Richard Furtado, REHS
Environmental Health Specialist

cc: Assessor's Office

Elsie Teixeira Trust
APN 129-210-003
5325 Foxen Cyn. Rd.

Permit No. _____

Page 1 of 1 Pages

ENVIRONMENTAL HEALTH SERVICES
SANTA BARBARA COUNTY PUBLIC HEALTH DEPT
WELL PERMIT FIELD INVESTIGATION RECORD

SR 0107901

WELL Permit Application Received: Date 7/6/11

Site Investigation By R. Furtado Date 7/6/11

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines _____ | <input type="checkbox"/> Animal Enclosure _____ |
| <input type="checkbox"/> Sewer Lines _____ | <input type="checkbox"/> Creek or Watercourse _____ |
| <input type="checkbox"/> Leach Field _____ | <input type="checkbox"/> Petroleum Tank or Pipeline _____ |
| <input type="checkbox"/> Cesspool/Drywell _____ | <input type="checkbox"/> Other _____ |

Assessor - OK

Setbacks - OK

Application Reviewed and Approved: By R. Furtado Date 7/7/11

Work Investigation Record

Date 7/11/11 Well Site #: _____

Casing Information

Conductor only

Borehole

Type: Steel ☒ PVC ☐ Other ☐ _____

Total Dept of Well: _____

Class/Gage/NSF: _____

Annular Seal Depth: 20' (conductor)

ASTM#: _____

Well Bore Diameter: 38" (conductor)

Diameter: 30" Total Depth: 20'

Sealing Material: 6-sack cement

Casing Schedule

Amount: ≈ 3.5 yds.³

0' - Conductor only = 7/11/11

Method of Pour: pumps

Use of Tremie: yes

Driller (s): Coast Drilling
Gerben Brouwer

Comments: 8/31/11 - review state well completion report from Coast Drilling Inc.

Final Inspection and Approval/Denial: By R. Furtado Date 8/31/11

Notice of Work Acceptance/~~Rejections~~ Sent to Well Owner On: 9/1/11